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ABSTRACT

This manual offers information regarding provision of related services to Vermont students with disabilities that is consistent with the Individuals with Disabilities Education Act and with Vermont law and regulations. It also describes promising or exemplary practices in education, special education, and related services. Section 1, "Legislative Context for and Approaches to Providing Related Services," discusses state and federal definitions of related services, related services and Vermont's special education process, modes of service delivery, and collaborative teamwork. Section 2, "Vermont's Guidelines for Related Services," addresses access to knowledge and information, roles of related service providers in determining eligibility for special education, determination of related services, and evaluation of related services. Section 3, "Funding for Related Services," discusses local education agency responsibility and potential sources of funding for related services. Section 4, "Frequently Asked Questions about Related Services," addresses key concerns surrounding related services. Section 5, "Information about Related Service Disciplines," provides a basic description of twelve related services in order to acquaint providers with various disciplines that may be required to support a students' special education program. The manual includes a voluntary registry of related service providers. (Contains 126 references.) (CR)

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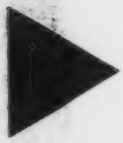

Related Services for Vermont's Students with Disabilities

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Foreword

The document you hold in your hands is an outstanding example of a strong Vermont tradition: committed, competent people productively engaged in a common enterprise of genuine value and promise.

Related Services for Vermont's Student's with Disabilities, nearly two years in the making, is being published at an important time. Special education, which serves over 11,000 students in Vermont, is a complex, significant endeavor. At both state and local levels, it faces important educational and financial challenges, within the context of federal and state mandates to provide free, appropriate public education.

I have been deeply impressed by the initiative, creativity, persistence, and hard work of the Related Services Working Group (RSWG), a voluntary, grassroots organization, in the preparation of this manual. A small group of individuals met to talk over several related services issues in April 1997. This initial conversation soon led to a regional meeting of 25 people with common concerns and interests. Over the next year and a half, a statewide effort developed involving close to 200 people representing the full range of concerns and needs relevant to this important—though not always well understood—dimension of education.

The RSWG used an effective, inclusionary process (reflecting Vermont's educational policy and philosophy) in developing the manual. The breadth of the process is seen from a list of those involved: parents of students with disabilities, special educators and administrators, advocates and self-advocates, related services providers, staff from a variety of education and social services agencies, and members of the Department of Education's Family and Educational Support Team. The RSWG received significant assistance from the Vermont Council on Disability Rights in disseminating word of the project and in gathering valuable information for the manual. The Center on Disability and Community Inclusion, the University Affiliated Program of Vermont, also was instrumental to the project's success.

"Related services," though not necessarily familiar to many, are indispensable to the delivery of appropriate special education services for some students. Used well, they can help meet the complex needs of students in comprehensive, effective, and fiscally responsible ways. For example, high quality speech/language pathology services can make a significant difference in the acquisition of essential language development skills, complementing the efforts of classroom teachers. If such supports are not available and accessible, students, families, and schools—and their communities—are not well served.

Related Services for Vermont's Student's with Disabilities, an essential resource, is designed to encourage and inform conversations leading to effective actions supporting the education of all Vermont students. I recommend it to you.

Marc Hull
Commissioner of Education

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Introduction

For the past twenty-five years, federal law has provided for the "... free, appropriate public education in the least restrictive environment" for children with disabilities. The **1997 Amendments to the Individuals with Disabilities Education Act (IDEA)**, and concurrent reform movements in general and special education in Vermont, have raised important questions about how best to educate all students. IDEA requires that special education, defined as specially-designed instruction and educationally necessary related services, be provided at no cost to families for students who meet eligibility requirements. See 20 U.S.C. § 1401 (8), (22), and (25). Related services have always been an important and, at times, a controversial part of special education. Historically, those involved in planning and providing special education services have had a variety of perspectives about the nature of related services and their impact on educational outcomes for students with disabilities.

Guidelines and other publications addressing specific related services are available from national and state professional organizations. They reflect the unique viewpoints of individual groups. Often, however, they do not refer to each other, to the educational context, and to broader educational reforms, including standards-based instruction and assessment, and coordination of services in the least restrictive environment. Vermont is in a unique position nationally because 87% of its students with disabilities are in regular education classes with individually-determined supports. It is timely and necessary, therefore, that Vermont parents, educators, service providers, administrators and policy makers develop a framework for responsible planning and appropriate selection, provision, and evaluation of related services that support significant educational outcomes for students.

The purpose of *Related Services for Vermont's Students with Disabilities* is to offer information regarding related services that is consistent with IDEA and with Vermont Law and regulations. It also describes promising or exemplary practices in education, special education, and related services. The manual's content applies to all related services disciplines which serve students with disabilities, ages 3 through 21, who have an Individualized Education Program (IEP).

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1 Legislative Context for and Approaches to Providing Related Services

Ruth Dennis

A: State and Federal Definitions of Related Services

Before discussing the various ways related services can support a student's educational program, it is important to be aware of definitions and parameters for services described in state and federal statutes and regulations. These sources—and interpretations of them in administrative and judicial decisions—guide the provision of related services in schools. A review of these legal provisions clarifies how specific laws and regulations are being interpreted, how eligibility for related services is determined, and how specific service delivery modes are being defined.

Related services are defined in *Vermont Department of Education Special Education Regulations* (1997).

> The term "related services" means transportation, school related rehabilitation counseling and social work services, and such developmental, corrective, and other supportive services required to assist a child with a disability to benefit from special education. (2360.2.4(2))

The broader federal definition of related services is found in the Individuals with Disabilities Education Act (IDEA) Amendments of 1997.

> The term *related services* means transportation and such developmental, corrective and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training. CFR § 300.24 (22).

Federal regulations for IDEA '97 were adopted March 12, 1999. State of Vermont regulations are currently being drafted. However, in both previous and proposed regulations, it is clear that if a related service is necessary in order for a child to benefit from special education, it must be provided.

There is an indefinite number of "related services." The October 1997 proposed IDEA regulations discussed a broad range of potential related services

and who might provide them. The notes explain that related services could include necessary administrative and supervisory activities.

> The list of related services is not exhaustive and may include other developmental, corrective, or supportive services (such as artistic and cultural programs, and art, music, and dance therapy), if they are required to assist a child with a disability to benefit from special education.
>
> There are certain kinds of services that might be provided by persons from varying professional backgrounds and with a variety of operational titles, depending upon requirements of individual states. For example, counseling services might be provided by social workers, psychologists, or guidance counselors, and psychological testing might be done by qualified psychological examiners, psychometrists, or psychologists, depending upon state standards.
>
> Each related service defined under this part may include appropriate administrative and supervisory activities that are necessary for program planning, management and evaluation. (34 CFR 300.22; Federal Register, October 22, 1997, p. 55072).

The IDEA Amendments of 1997 include an additional category of services that may be required by a child with a disability in order that s/he be educated *in the general education environment* to the greatest extent possible. Although examples of these services, defined as "supplemental aids and services," are not as specifically described as they are in the "related services" definition section, they could include some of the same personnel or professional disciplines as "related services."

> The term 'supplementary aids and services' means aids, services and other supports that are provided in regular education classes or other education-related settings to enable children with disabilities to be educated with non-disabled children to the maximum extent appropriate in accordance with Sec. 1412 (a)(5), 20 U.S.C. § 1401 (29).

Services defined as either "related services" or "supplementary aids and services" are described in a student's Individualized Educational Plan (IEP) or in the Evaluation Plan developed by the Evaluation Planning Team (EPT) who determine eligibility for special education services. Decisions regarding services are to be made by teams, rather than individuals. Members of the EPT or IEP team are responsible for determining the type of assessment or other service needed, who will provide it, and the frequency, duration, location and level of service required. If the team cannot agree on the type or level of related services, the Local Education Agency (LEA) representative is required to make a final decision. As with other parts of the special education process, parents have formal recourse to challenge determinations made by the team or the LEA through an independent evaluation, mediation, administrative complaint, or due process.

B: Related Services and Vermont's Special Education Process

How a related service is provided depends on the point in the special education process where the service is utilized. **Figure 1: Special Education Process** (page 4) shows how special education programs are developed. The special education process includes four stages: 1) identification, 2) evaluation/re-evaluation, 3) program planning, and 4) program implementation. Best practice literature also indicates a role for related services providers in evaluating program effectiveness (Giangreco, 1996). Related services providers may be asked to take part at one or more points in the process.

As indicated in Figure 1, related services personnel can participate in **identification** by serving as a member of the evaluation and planning team or by providing information to the team. Related services providers can act as case managers as well. Current Vermont Department of Education Special Education Regulations (1997) indicate that the Evaluation and Planning Team (EPT) should include a teacher; a person with knowledge in the area of the suspected disability; parents; the student, where appropriate; and other individuals at the discretion of the responsible agency, parent, or student. The March 1999 federal regulations, based on the June 1997 re-authorization of IDEA, indicate that the team must include parents and qualified professionals (i.e., child's regular education teacher, and a person qualified to conduct diagnostic examinations of children such as a school psychologist, speech-language pathologist, or remedial reading teacher). The related service provider could help the EPT develop the Evaluation Plan by identifying important questions and proposing strategies for addressing those questions. They may also be asked to provide assessment information during the identification stage.

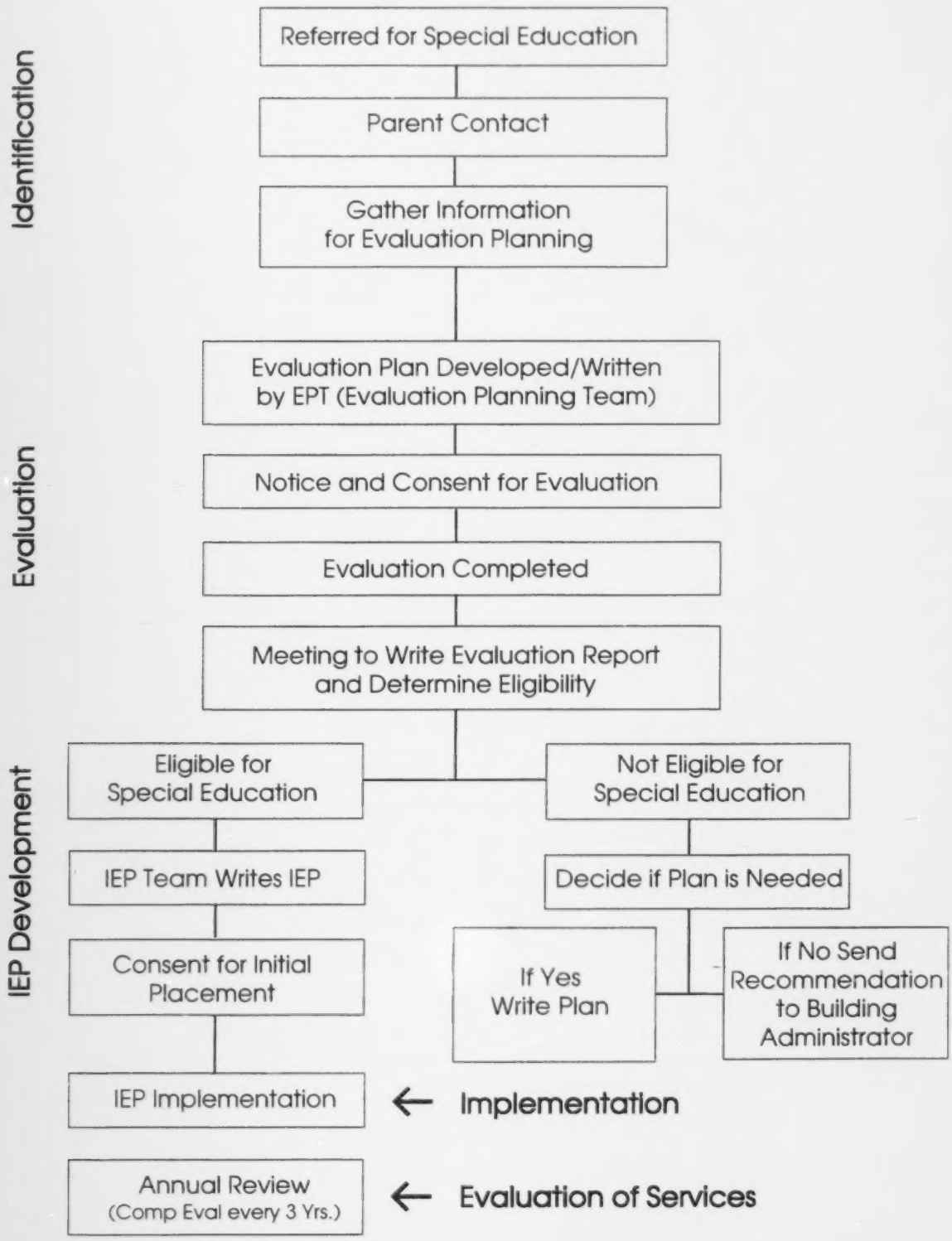
During the **evaluation** phase, the related services provider can conduct assessments required by the Evaluation Plan and provide information to assist the EPT in determining eligibility.

If the child is determined eligible for special education services, the related services provider can be involved in **program planning**. The provider can function as a member of the Individualized Educational Plan (IEP) Team that develops goals, determines placement and identifies services and supports required to educate the child.

The related services provider may participate in **program implementation** by providing ongoing services in a way that is agreed upon by the team and documented in the IEP, including evaluating and reporting the student's progress.

Finally, related services personnel should participate in **program evaluation** with other team members to determine the effectiveness of their plan and its impact on the child's progress.

Figure 1: Special Education Process


Identification
Referred for Special Education
Parent Contact
Gather Information for Evaluation Planning
Evaluation
Evaluation Plan Developed/Written by EPT (Evaluation Planning Team)
Notice and Consent for Evaluation
Evaluation Completed
Meeting to Write Evaluation Report and Determine Eligibility
IEP Development
Eligible for Special Education
Not Eligible for Special Education
IEP Team Writes IEP
Decide if Plan is Needed
Consent for Initial Placement
If Yes Write Plan
If No Send Recommendation to Building Administrator
IEP Implementation
← Implementation
Annual Review (Comp Eval every 3 Yrs.)
← Evaluation of Services

Dennis, 1998, Adapted from Special Education Process, 1997

C: Modes of Service Delivery

The term "modes" refers to the ways related services are provided and includes assessment, direct services, indirect services, and/or consultation. It is rare for any of these modes to occur in isolation. The appropriate combination depends on the needs of the student and the team. Each is discussed in detail below.

Assessment

Assessment is the gathering of information for educational planning and includes record review, interview, observation and administration of formal and informal tools that are appropriate and valid for the student. Assessment provides information about how the student functions in his/her environment and describes strengths and challenges. Assessment services can be part of student identification, evaluation or program planning in the special education planning process, or program implementation. Assessment can be further distinguished as screening, evaluation for services, or periodic check, as follows.

Screening. Screening, as an initial form of assessment, can identify students who may need further attention, more in-depth evaluation for services, or referral for other services. Screenings can be provided for students who are already receiving special education services to determine if they need any change in their program. Screenings can be conducted individually or for groups and usually involve observation and assessment using simple measures, checklists or screening processes. For example, Early Childhood Special Education Programs are required to provide child-find activities to identify children who may benefit from special education services prior to school age. These programs often provide screenings for pre-school age children in their communities. The screenings are intended to assess a number of developmental areas including motor, language, vision, hearing and social skills. An audiologist who is a related services provider may be responsible for hearing screenings for a number of children in order to identify those who are in need of more in-depth assessment or referral.

Evaluation for Services. Another form of assessment addresses specific questions identified by the Evaluation Planning Team (EPT) in the Evaluation Plan. Evaluation for services may consist of: formal or informal assessment tools that the professional is qualified to administer and interpret; a record review; interview; and observation in multiple settings. Information provided by the evaluation will be useful in determining the student's

present level of performance and in designing, implementing, monitoring and evaluating interventions. If the child is determined to be eligible for special education, the evaluation may result in a decision by the IEP team that the student does or does not need related services. If services are necessary, they can be provided directly, indirectly, or through consultation to achieve specific goals in the IEP, or to provide access to educational opportunities (e.g., transportation as a related service provides access to school). When an IEP is already in place, an evaluation for services may be requested to provide information to the team in order to change or update services.

Periodic Check. Periodic checks focus on specific skills or areas of instruction, and occur as often as needed to provide information about the student's development or progress; the need for accommodations; or the need to make changes in the program. Periodic checks do not typically involve standardized instruments, but are based on observation, interview and review of program data. A related services provider who delivers services to a student directly, indirectly or through consultation will typically do periodic assessments to ensure his/her familiarity with the student's progress. For example, a certified orientation and mobility specialist (COMS), who provides training to school staff related to cane use in the school environment for a student with a visual impairment, will initially evaluate the student's level of performance. The specialist will then periodically check the student's progress to determine the need for change in the instructional program or goals related to independent mobility.

Direct and Indirect Services

The most confusing definition regarding modes of service delivery pertains to the use of the terms "direct" and "indirect" service delivery. The Vermont Department of Education (1996) defined these terms based on the federal definitions of the Office of Special Education Programs (OSEP):

> OSEP has defined direct services as: services provided by qualified personnel directly to the student. Indirect services are defined as services delivered directly to a student by another individual under the direct supervision of a qualified person. This means that if the word "direct" is used in the description of the service to be provided, the service must by provided by a qualified person as defined in 34 C.F.R 300.15. "...the term qualified means that a person has met the SEA approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which he or she is providing special education and related services." (June 28, 1996, Information Circular # 96-186.5)

Direct Service. Based on assessment information, the team may decide that related services are required for a student in order to benefit from a special education program. Related services and support can be provided in a variety of ways, one of which is direct service. Direct service must be provided directly to

the child by a qualified professional and may be provided in a one-to-one setting or small group. The emphasis on "qualified person" is important to ensure that students with disabilities receive necessary services and supports from competent individuals, enabling them to achieve intended results from their educational programs. The final regulations for the Individuals with Disabilities Education Act (IDEA) Amendments of 1997 include a definition of "qualified" which, for the first time, requires a link with "any State-approved or recognized certification, licensing, registration, or other comparable requirements." 64 CFR 300.23; Federal Register, March 12, 1999, p. 12423. Qualified persons will, in most cases, meet the requirements for certification or licensure of their profession in Vermont, or will meet the requirements of their national certification process that is recognized by the state. The proposed regulations also provide for a controversial waiver of "the highest standard" of qualification in a state in certain cases (i.e., if there is not a state certification or licensure for the profession *and* if there is a demonstrated shortage and if the LEA has made a good faith effort to find, hire or contract with qualified personnel). Metzer (1998) explains:

> If the highest standard for the profession is equivalent to the standard in the licensure law, then no waiver can be granted for this profession. If the profession does not have licensure or other law that mandates the highest standard, then the state could allow a waiver, but it must be time-limited (three years) and for individuals, not entire professions. p. 10

Vermont's definitions of "qualified person" for the various related services are discussed for each discipline in Section 5.

Indirect Service. In contrast to direct service, indirect service is delivered directly to the student by another person *under the direct supervision* of a qualified professional. The term "supervision" is mentioned briefly in Vermont Department of Education Information Circular # 96-186 (June 28, 1996):

> "Supervision," as defined in Vermont Regulation 5150, means "...on site managing having the legal responsibility for overseeing the work of the paraprofessional, intern, student teacher, or volunteer." (5)

For the provision of indirect service, Vermont requires on-site supervision.

The term "supervision" has caused confusion. Some professional organizations describe "supervision" in their state licensure or certification regulations in ways that differ from the definition stated above. Confusion often revolves around who provides and who receives supervision, its frequency, and the extent to which it is provided on-site. For example, a licensed Physical Therapist (PT) and a licensed Physical Therapy Aid (PTA) can both provide physical therapy services. The kinds of services that the PTA can provide, as

described in the PT licensing regulations of the Vermont Secretary of State's Office, are more limited than those the PT can provide. The PTA cannot assess students, develop or modify treatment plans or provide consultation to other team members. The PTA can only implement a program designed and evaluated by the PT. In order to provide these more limited direct services, the PTA must be "supervised" by the PT, but that supervision need not be on site. Although the PT supervises the PTA, the service the PTA provides is a direct service.

Consultation

Consultation is another service delivery mode commonly used to provide related services. Consultation is defined as: The planned communication of information or skills from one person to others. Consultation can include technical assistance and training, monitoring, service coordination, and administrative consultation. Consultation, which can be delivered in a variety of ways, often occurs in meetings with other team members.

Consultation should not be confused with "supervision." In contrast to the OSEP definition of indirect service, the consultant does not "supervise" individuals providing services to the child. Consultation services can be provided to persons who work directly with a student, including parents, and/or to others who may not work directly with the student with a disability, including administrators, other students, and general school staff.

Consultation includes activities that will differ according to the needs of the team members who provide special education services to a student with disabilities. Consultation necessarily requires regular contact between the student and the consultant in order for the latter to effectively communicate information and skills to others. Consultation plans should be written agreements between team members and consultants. The plans should identify goals or accommodations that are documented in the student's IEP and describe the responsibilities of the team members and the consultant to work together to address those goals.

Technical Assistance and Training. A related services provider may support a student's performance through consultation that focuses on technical assistance and training for persons who educate the student with a disability. The goal is to provide specific information, knowledge, resources or techniques that will enable others to develop and implement a student's educational program, provide for accommodations, or facilitate access to educational settings. For example, a nurse specialist, who is providing related services for a student who has diabetes, may train the school nurse to give injections and test glucose levels that the student requires in order to stay in school for the day. As a consultant, she may train lunchroom staff about needed school lunch changes and help them develop alternative menus. She might train bus drivers to recognize signs of diabetic shock and to perform appropriate interventions if the student should experience low blood sugar level while riding the bus. The content of technical assistance and training is negotiated among team members, is usually limited in scope, and can

best be reflected in technical assistance plans that identify actions to be taken, persons responsible and dates for completion of specific activities.

Some technical assistance and training takes the form of long-term training and/or sharing of specialized materials and information. For example, an assistive technology consultant may provide monthly training to a family and educational staff in the programming and use of an augmentative communication device for an individual student. Long-term training may also include regional or statewide continuing education programs with on-site follow-up by consultants for technical assistance. The combination of training and technical assistance is an effective form of team support and staff development that may be required to assist individual students in achieving IEP goals.

Monitoring. Monitoring is a form of consultation that extends the role of the related services provider beyond technical assistance and training in order to focus on a specific aspect of the educational program and the needs of educational team members working directly with the student. When a program or activity is developed by a related services provider for a student, monitoring by the provider involves ongoing follow-up for program adjustments as indicated in a written consultation plan. For example, an occupational therapist could provide consultation by monitoring a handwriting program that has been developed for a student with a disability. The therapist observes the student's performance, reviews progress data, makes specific recommendations for accommodations in materials and positioning, and outlines program modifications or next steps in skill development. This monitoring occurs as frequently as the educational team feels is necessary to ensure that the student benefits from the handwriting program. Monitoring differs from indirect services because the OT consultant does not supervise the teacher or paraprofessional, nor is the therapist necessarily on site when the program is implemented.

Service Coordination. Consultation can also take the form of service coordination, particularly when related services personnel are needed to ensure continuity of services from several agencies and programs. Service coordination is not the same as case management, which is required in the IEP. It may extend beyond the educational service system to include services from other providers and groups. Service coordination ensures that students and families receive and benefit from the services and supports they need; provides for timely communication among agencies and service providers; ensures that providers are aware of the impact of their service on student goal achievement; and seeks to optimize the use of resources and skills of team members in the school and community. For example, a physical therapist might accompany a student with an orthopedic disability to a seating clinic for the fitting of a new wheelchair. The therapist could explain the needs of

the student in the school setting and communicate the advice of the medical staff to the school. School staff will then understand how the equipment should be used and how it will most benefit the student. As with any related services role, decisions regarding service coordination are made by the educational team, including the family. Service coordination can be helpful in finding additional resources the student may need in school or home that would support the educational program. These include respite services in the home, referrals to other agencies and services, vocational opportunities, summer camp experiences, etc.

Administrative Consultation. Some consultation supports administrative planning and program development for individuals or groups of students. An example is when an audiologist provides support for an entire classroom that includes students with hearing impairment and auditory processing difficulties. The audiologist could help assess the need for acoustical modifications in the school and help develop contracts for services and equipment from vendors and providers.

Table 1 (page 11 and 12) describes terms frequently used in regulation and the professional literature and are consistent with current Vermont Department of Education policies.

Table 1: Service Delivery Modes

Service Delivery Mode	Definition	Characteristics
Assessment		
	The gathering of information for the purpose of educational planning may include activities such as record review, interview, observation and administration of formal and informal tools appropriate and valid for the child.	Provides information about how the child functions in his/her environment and describes strengths and challenges experienced by the child; can be provided as part of student identification, evaluation or program planning or as a component of program implementation.
• Screening	• For the purpose of identifying children who may need further attention, more in-depth evaluation for services, referral for other services.	• Usually involves observation and assessment using simple measures e.g. checklists; may be conducted individually or in groups.
• Evaluation for Services	• For the purpose of determining the student's present level of performance and in designing, implementing, monitoring and evaluating interventions; can be used to determine eligibility for special education and/or need for support services.	• May consist of use and interpretation of formal or informal assessment tools, record review; interview; and/or observation in multiple settings.
• Periodic Assessment	• For the purpose of providing information about child change in specific skills to aid planning for accommodations, next steps, or program change.	• Occur as needed; most often based on observation, interview and review of specific program data.
Direct Service		
	Services provided directly to the student by a "qualified person," i.e., has met SEA approved or recognized certification, licensing or other requirement in the area they are providing services.	May be provided in a one-to-one setting or in a small group.

Table 1: Service Delivery Modes (continued)

Service Delivery Mode	Definition	Characteristics
Indirect Service		
	Services delivered directly to a student by another individual under the direct supervision of a "qualified person."	"Supervision" is on site managing by a "qualified person" who has the legal responsibility for overseeing the work of the person providing direct service.
Consultation		
	The planned transfer of information or skills from one person to others who work directly or indirectly with a child.	Consultation plans identify a) the relationship of the consultation to the student's IEP; and b) the responsibilities of the consultant and team members involved. The consultant does not "supervise" individuals providing services to the child.
• Technical Assistance & Training	• For the purpose of providing specific information, knowledge, resources or techniques that will enable others to develop and implement a student's educational program, provide for accommodations, or facilitate access to educational settings.	• May take the form of problem solving, long-term training and/or sharing of specialized materials and information.
• Monitoring	• For the purpose of providing ongoing checks, follow-up and/or adjustments to a program or activity developed by a related service provider for a student.	• Can occur as frequently as the team feels is necessary; differs from indirect services (i.e., the consultant does not supervise the person(s) implementing the program).
• Service Coordination	• For the purpose of ensuring continuity of services from multiple agencies and programs so that students and families receive and benefit from the services and supports they need.	• Provides for timely communication between agencies and services; ensures that providers are aware of the impact of their service on student goal achievement; and seeks to optimize use of resources and skills of team members in the school and community.
• Administrative Consultation	• For the purpose of supporting administrative planning and program development.	• Assists administrators in planning programs, services, funding, modifications and/or equipment to support educational programming for individual or groups of students.

D: Collaborative Teamwork

The planning, development, implementation and evaluation of educational programs for students with disabilities require contributions of team members from various education and related services disciplines and parents. The team will include people who work closely with the child on a day-to-day basis, and others who are less involved. There are several definitions of teamwork in organizational literature. This section describes a collaborative approach to teamwork. It is an effective strategy that enables people with varied knowledge and expertise to work well together in educational settings. Collaborative teamwork enables members of the educational team to share information, experiences and skills, and to work together to enhance outcomes for a student. Collaborative teams have two or more members, a set of common goals, shared leadership and resources, effective communication strategies, personal accountability, and strategies for effective decision making and conflict resolution.

Team Membership. Team membership should reflect the expertise and knowledge required to address the student's educational needs. Different levels of membership are common within teams (Giangreco, 1996). For example, "core team" membership includes those who work with the student daily. Typically, they are parents, special educators, regular educators, and paraprofessionals. This group may meet often to monitor the educational program, solve day-to-day problems, and make necessary adjustments to curriculum or programs. Related services personnel may be on the core team. More often, they are part of an "extended team." As such, they provide support and resources to core team members. Sometimes they serve as "situational resources" to the core and/or extended team when they are called upon to address a specific problem or short-term issue. For example, a psychologist may be asked by the team to help resolve a behavioral crisis.

Shared goals. One of the strongest qualities of a collaborative team is that its members work from a set of common goals. Members address the student's goals, rather than discipline-specific goals (Giangreco, Cloninger & Iverson, 1998). They examine how they may contribute to the student's attainment of educational goals or access to education. They explore the connections among proposed services and share responsibility for meeting goals.

Shared Leadership. Sharing leadership is an important aspect of collaborative teamwork. Individuals share responsibilities for how the team functions and share roles in team meetings (e.g., facilitator, recorder, timekeeper). All members are responsible for assuring that the work of the team is accomplished and that relationships among team members are preserved (Thousand & Villa, 1992).

Shared Resources. Sharing resources is necessary if teams are to optimize their contribution to the achievement of student goals. Related services providers may be asked to share information, materials, and methods or to teach others techniques that can assist students and support the educational program. The provider, using professional judgment, should determine the extent to which s/he releases discipline-specific roles or skills to other team members. The provider needs to consider his/her confidence regarding others' ability to implement techniques or procedures safely and competently, and the confidence and ability of others to whom those roles and responsibilities are given. In some cases, this may require a team plan for ongoing training, monitoring, and periodic checks.

Communication. Collaborative teamwork requires effective communication in order to make decisions, share information and share resources. An outcome of constructive teamwork is that members develop mutual trust (trusting others and being trustworthy) which enhances communication. Effective communication involves listening and expressing oneself in ways that ensure each member can be understood. Norms for communication during meetings (e.g., one person speaks at a time; no put-downs; everyone has a chance to speak) help teams function well. Strategies for communication between meetings include development of agendas prior to meetings, methods for sharing information among team members, and the recording and distribution of meeting minutes. Periodically examining how communication is working within the team is the responsibility of all team members.

Personal Accountability. Accountability is essential if the team's work is to be accomplished. Team planning requires that specific actions should be described. Those responsible for the actions should be noted in meeting minutes with a timeline for completion. Team members are responsible for fulfilling their commitments. Related services professionals are responsible for providing a level of service that reflects the standards of practice in their discipline; adhering to state and local educational policies; and operating within their professional code of ethics.

Decision-Making and Conflict Resolution Processes. The team should have a clear process for making decisions and negotiating differences of opinion among team members. If possible, decisions should reflect agreement by all members. When consensus decisions are not reached, team members should use creative problem-solving or conflict resolution strategies in an effort to reach consensus prior to seeking mediation, administrative complaint or due process. Decisions about the role of related services personnel should be made by the team, and not by an individual member. Decisions about the mode, frequency and duration of related services should ensure that they are adequate to meet the student's needs; that there are no gaps, overlaps, or contradictions in services; that decisions are clear to all other team members; and that the student receives his or her educational program in the least restrictive setting and manner.

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2 Vermont's Guidelines for Related Services

Michael F. Giangreco and Susan W. Edelman

A: Access to Knowledge and Information

Appropriate determination, implementation, and evaluation of individualized related services for students with disabilities necessitates that all team members (e.g., parents, teachers, special educators, administrators, related services personnel, paraprofessionals, LEA representatives) have access to information about and knowledge of:

1. student characteristics, family priorities, and educational goals (e.g., hopes for the future, preferred learning styles, motivations, as well as their physical, cognitive, sensory, and emotional capabilities);
2. the educational context in which the student is learning (e.g., preschool, general education classroom, community work site);
3. the legal definitions and interpretations of "related services" based on law and regulations, administrative rulings, and court decisions about related services that interpret laws and regulations;
4. the skills and activities associated with various related services disciplines (e.g., speech-language pathology, physical therapy, occupational therapy, psychology, orientation & mobility, social work, school health services);
5. a common understanding of service delivery definitions (e.g., screening, evaluation, direct service, indirect service, consultation, monitoring);
6. the variety of related services that are available regionally, statewide, and nationally;
7. the professional background and current skills of the team members with whom they are working;
8. the principles and procedures of collaborative teamwork;
9. the shared beliefs and attitudes of team members that will help them to build a common framework necessary for effective team functioning; and
10. processes for determining, implementing, and evaluating related services.

B: Roles of Related Services Providers in Determining Eligibility for Special Education

Related services providers may be asked to work with, or as members of, evaluation and planning teams. The roles of related services providers in determining eligibility for special education include, but are not limited to:

1. screening, observation of typical activities and environments, and/or interviews with the family and other team members to help identify students in need of more in-depth evaluation for special education;
2. assisting the team in the development of evaluation questions for the evaluation plan;
3. recommending appropriate assessment strategies to be included in the evaluation plan;
4. coordinating with other service providers and the family in the development of an overall plan to ensure effective fact-finding and avoid duplication in assessment activities;
5. conducting specialized assessment activities for which they are uniquely trained or qualified;
6. interpreting and reporting on specialized assessment results with the team; and
7. consulting with the family and school personnel to assist in making eligibility decisions.

C. Determination of Related Services

Determining individualized related services for students with disabilities should be:

1. developed collaboratively by the family and educational staff with substantive input from related services providers;
2. developed with the input of the student, when appropriate, to encourage self-advocacy, self-determination and relevance of services;
3. considered and discussed using language that is readily understood by all team members, with minimal use of professional jargon;
4. based on a single set of educational goals shared by the team and developed with consumer input (e.g., student, parents);
5. developed after the student's educational program (e.g., annual goals, curriculum content, general supports) and educational placement have been determined to ensure educational relevance and necessity;
6. educationally relevant so that services are directly related to the student's

IEP (Individualized Education Program) and/or other documented educational curriculum (e.g., general education curriculum);

7. educationally necessary, meaning that the absence of a service would interfere with the student having access to an appropriate education or participation in his/her educational program;
8. selected judiciously by considering natural supports and employing specialists' supports that are *only as specialized as necessary;*
9. provided during the school day if they are necessary for a student to benefit from special education, but schools are not required to provide services that may be appropriately administered other than during the school day;
10. designed to avoid undesirable gaps, overlaps, and contradictions among service providers;
11. reflective of a decision-making process which leads to consensus if possible; or a decision by the Local Education Agency in cases where consensus is not achieved, subject to procedural safeguards; and
12. documented specifically to include: (a) type (e.g., physical therapy), (b) relationship to the educational program (e.g., pertains to specific IEP goals), (c) mode of service (e.g., direct, indirect, consultation); (d) frequency and duration of service; (e) location of service provision; (f) initiation date; (g) evaluation date; (h) personnel; and (i) a plan of action for service provision.

D. Implementation of Related Services

Implementing individualized related services for students with disabilities requires that they:

1. are consistent with the values underlying IDEA (e.g., individually appropriate learning outcomes; least restrictive environment provisions; participation with students who do not have disabilities);
2. allow access to the same settings and activities available to students without disabilities;
3. acknowledge the portability of services so that they may be offered in the most natural, inclusive, and least restrictive settings and ways;
4. are not unduly stigmatizing;
5. adhere to professional and ethical standards of practice;
6. use exemplary practices that are supported by current literature and research;
7. consider the privacy and dignity of the student and family;
8. address the self-identified support needs (e.g., resource support, technical support, moral support, evaluation support) of students with disabilities, their parents, and their teachers;
9. ensure that all appropriate individuals (e.g., teachers, special area teachers, related services providers, parents, instructional assistants) are informed about each student's related services;

10. assist classroom teachers and staff in educating the student with disabilities within the context of the classroom in ways that contribute to, rather than disrupt, classroom routines and activities;
11. allow roles and skills of related services providers to be shared with classroom staff as determined through consensus decision-making;
12. ensure adequate training, support, and supervision for those implementing related services recommendations, including professional and paraprofessional staff, family members, and the student when appropriate; and
13. deliberately plan for transitions, such as early childhood programs to school, between grades, and from school to adult life.

E. Evaluation of Related Services

Evaluating appropriately individualized related services for students with disabilities requires that:

1. the related services pertain directly to the student's IEP and state educational standards so that team members know the proposed educational impact of the related services;
2. the educational cycle includes an evaluation component as a vital and ongoing aspect of each student's educational plan;
3. data about the impact of the services are collected, recorded, reviewed, and analyzed on a regular basis by the team, which includes the family (e.g., parents, guardian, student);
4. data include a variety of relevant sources (e.g., direct observation by the related services provider, frequency counts, duration, percent of correct responding, teacher report, parent report, work samples, tests and quizzes, student projects and products, classmate feedback, self-evaluation methods by the student);
5. student impact data are reported to parents and other team members on a schedule that coincides with typical school reporting periods and is reported in language that is readily understood, with a minimum of professional jargon;
6. adjustments to the student's plan are made based on the analysis of data;
7. adjustments made, and agreed upon, based on data collection are part of an ongoing feedback loop among all team members rather than an annual event; and
8. the impact of related services is interpreted broadly to include progress on educational goals and access to educational settings and opportunities, as well as impact on valued life outcomes (e.g., health, safety, relationships, opportunities).

3 Funding for Related Services

Susan W. Edelman

Basic information about various funding options for related services is provided in this section. The use of health and human service resources for educationally related services has the potential to cause confusion about options for funding, requirements for access to various funding sources, and responsibilities for administrative procedures related to funding or reimbursement of costs. Although primary funding sources for related services are presented here, this is not an exhaustive listing.

A. Local Education Agency Responsibility

According to IDEA, the Local Education Agency (LEA) is responsible for providing the necessary related services identified by the IEP team. This is true apart from the availability of various funding options. In most cases, the LEA cannot deny provision of a service on a student's IEP based on its cost or potential for reimbursement. Districts cannot require a family to use its own financial resources or its own public or private insurance. The family may agree to use private or public health insurance. The district may also use a variety of local funds if they wish, as long as the student's identity is not revealed. Concerns about which services are included in the IEP, and how and by whom they are provided, should be addressed through the IEP process described in Section 1. It is important to remember that the *team*, and no single individual, is responsible for determining the educational relevance of and need for a service.

B. Potential Sources of Funding for Related Services

Several sources of state and federal funds that are administered by the Vermont Department of Education can be applied to related services costs. State grants and federal programs are administered by the Department's Family and Educational Support Team (Vermont Department of Education, 1998). The funds include:

a) Statewide Infants and Toddlers. This program helps to pay for services required by the Individual Family Service Plan (IFSP) for infants with disabilities, birth to age three.

b) Essential Early Education (EEE). Funds from this program can pay for IEP-required related services for three to five-year-old children eligible for special education, and in some cases, for services for children with disabilities birth through age two.

c) IDEA-B Flow Through. These federal dollars go directly to school districts. They can be applied to the cost of IEP-based related services for children aged five through twenty-one in the form of a block grant from the Department of Education. The block grant is a guaranteed amount to the district for special education allowable costs. In addition to the block grant, the state also provides a second form of support to districts called "extraordinary reimbursement" for costs over a specified extraordinary limit. The third type of support offered through the Department of Education is called "intensive reimbursement." For more information about these three kinds of funding, contact the district's special education administrator or the Department of Education.

The Department of Education provides consultation, technical assistance, and family support services to team members serving students with intensive educational needs. This is done through the Vermont I-Team on a referral basis at no cost to districts. These services may address related services needs and issues.

d) **Pre-school Incentive.** These federal funds can be used to assist with special education costs for children aged three through five.

e) **Medicaid School Health-Related IEP Services Program.** Jointly funded by state and federal dollars, Medicaid pays for medical care and services for eligible persons and families. Medicaid eligibility is generally based on household income. Children who are blind or disabled and are eligible for Supplemental Security Income based on household income automatically qualify for Medicaid. There are certain federally-mandated medical benefits. States may offer additional benefits. The Medicaid School Health-Related IEP Services Program reimburses school districts for certain costs. To be reimbursed, the services must be: a) required by the IEP; b) "medically necessary" according to a physician; c) provided to children under twenty-two whose families are eligible based on income and have enrolled in Medicaid. Medical necessity is determined differently for different services and also differs from state to state. In some cases, an adequate definition of medical necessity for a particular service may not exist. Under these conditions, case-by-case determinations are made based

on documented medical need. Note that related services reimbursable by Medicaid must meet two criteria. First, according to IDEA, they must be educationally relevant and necessary. Second, they must be medically necessary according to Medicaid rules.

In order for a school district to be reimbursed by Medicaid for a related service, the district must enroll in the program by contacting the Department of Education's Medicaid Program Administrator. The service provider must also meet Medicaid provider qualifications and be enrolled with the Vermont Medicaid agency. Questions about using Medicaid funds for related services can be addressed through the Department of Education's Medicaid Program Administrator. Materials which further explain the various Medicaid programs, eligibility guidelines, reimbursable services, sample letters to parents and physicians, provider agreement forms, instructions on how to make Medicaid claims for assistive technology, as well as steps to access Medicaid are available through the Department of Education. Changes in the Medicaid School Health-Related IEP Services Program (1998/1999 school year) are designed to:

- enable more families to qualify for Medicaid by raising income levels for eligibility;
- provide for more services to be covered including instructional assistants;
- ease the billing process for schools;
- alter significantly what the reimbursed funds may and may not be used for with an emphasis on investing in prevention measures; and,
- increase monitoring efforts to ensure program quality.

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4 Frequently Asked Questions About Related Services

Susan W. Edelman and Maureen Mitchell

This section presents questions parents might ask about related services, followed by responses and suggestions about how to get further information.

1. When is my child entitled to free related services from the school?

The IEP team, including the parent, determines whether a student needs related services to benefit from his or her educational program. If the services are part of the IEP, they are to be provided at no cost to the parent. Minimally, the IEP should list the type of service, the mode (assessment, direct, indirect, and/or consultation), the frequency and duration of the service, and initiation date. Other helpful, though not required, information may be added, such as location for service provision, relationship to the educational program components, an action plan, and a date to evaluate the service impact. Service needs may change over the course of the year. For this reason, it is a good idea for the team to periodically re-evaluate how well the IEP matches the ongoing need and adjust as necessary. For further information, a parent can go to their child's educational case manager, other team members, or the district's special education administrator.

2. Can related services include medical services?

Related services do not include medical services, which are provided by a licensed physician. However, they may include a physician's services for diagnosing a child's impairment or disability, assisting in the determination of the need for special education, or assisting in determining the type and amount of related services needed. Other health services, such as those provided by a nurse or nutritionist, may be included as related services in an IEP. Decisions to include them are made by the team.

3. What happens if the school district can't find qualified personnel to provide a service on my child's IEP?

If the district does not have staff to provide the related service or a contract with a provider, the district must show a good faith, persistent effort to secure the required services. A good faith effort would include advertising, or contacting personnel preparation programs at colleges or universities, profes-

sional organizations, or the Department of Education. Even such good faith efforts will not necessarily relieve a school district's responsibility. There may be a need to discuss compensatory services or some other method of assurance a student's educational needs are met.

4. Who makes decisions about what related services my child needs?

The child's educational team, which includes the student (when appropriate) and his or her parents, makes decisions about related services needs. As team members, parents may present concerns and ideas to the team for consideration. All members may provide evidence concerning the educational relevance and need for the service in question. **Determination of Related Services** (found in Section 2-C), provides additional information on educational relevance and necessity as criteria to consider when making related services decisions. Through a collaborative team process, parents and other members of the team seek consensus about the services needed. If the team cannot reach consensus, the LEA representative is required to make the decision. As with other parts of the special education process, parents may challenge decisions made by the team or LEA representative through mediation, complaint to the Commissioner of Education, or an impartial due process hearing.

5. Can I get services without going through the school?

Yes. If, for example, the services are medically needed, but are not educationally necessary — based on the team's decision — for him or her to benefit from special education. These services may be provided by health care professionals independent of, and preferably in coordination with, the school program.

6. The school has asked me to apply for Medicaid so my child can get a related service at school. Can you tell me how to apply so the school can bill Medicaid for the services?

With the state's new Medicaid School Health-Related IEP Services Program, it is anticipated that schools will be better equipped than ever to help families through this process. Please refer to Section 3 (Funding) for details about eligibility for Medicaid and the Appendix for sample letters for parents, physicians, and service providers. Families may contact the district's special education administrator's office for materials and instructions regarding the application process and eligibility requirements.

To bill Medicaid for IEP-related services costs, however, a physician's signature is required to document the medical necessity of the service. In addition, schools must arrange for registered Medicaid providers to deliver the service. Schools are required to collect all the paperwork for Medicaid billing. For more information about the Medicaid School Health-Related IEP Services Program,

contact the district's special education administrator or the Department of Education's Medicaid Program Administrator for IEP-based services.

A family may apply for Medicaid coverage for health and medical costs that are *not* on the student's IEP or part of their school program. The family may contact the Vermont Medicaid Office to request information and materials about income eligibility and services covered under other Medicaid programs. Once the family is found eligible, all Medicaid programs are available to the family. If the family applies and qualifies for Supplemental Security Income, based on the child's disability and on household income, the child is automatically eligible for Medicaid. For questions about Medicaid's health care coverage for services that are *not* IEP services, contact Vermont Medicaid at (802) 241-3985 or by writing to the Office of Vermont Health Access, Department of Social Welfare, 103 South Main Street, Waterbury, VT 05671-1201.

7. Can the school require me to apply for Medicaid or use my private insurance for related services?

The school is not allowed to require a parent to apply for Medicaid. It may very well be in the family's best interest to do so, but the choice remains the parents'. Schools cannot require a family to use its private insurance to pay for related services. A family may choose to do so if the service is covered.

8. How can I be sure that my child receives needed related services?

First, be sure that the services are listed on the child's IEP, including the type and mode of service, frequency and duration, and initiation date. There should be documentation of services by the provider through dated plans and reports, notes, assessment data, or other information that will describe what service was provided. Regular team meetings are an excellent opportunity to check on what services the student is receiving and how that is working. Progress reports offer another good opportunity to check on services. If services are not being provided, the first step is to discuss this with other members of the student's team and seek agreement about strategies for implementing the services according to the IEP or changing the IEP if appropriate. Concerns not resolved at the IEP team level can go to mediation for resolution before resorting to a Commissioner's complaint and/or a due process hearing.

Information About Related Services Disciplines

In order for team members to work together, they need to know about each other's background and skills. The purpose of this section is to provide a basic description of twelve related services in order to acquaint consumers and providers with various disciplines that may be required to support a student's special education program. This is not an exhaustive list. Information regarding disciplines or services not covered here may be submitted for future editions or updates of this document. Persons interested in adding a discipline are asked to respond to the questions below in writing and submit them to the editors.

For each discipline, the following questions are used to organize information:

1. What is (name of discipline)?

2. Are there licensure or certification requirements for (name of discipline)?

3. Are there professional levels within (name of discipline) (e.g., registered occupational therapist; certified occupational therapy assistant)?

4. Is a physician's prescription required for the service to be provided in schools?

5. What is the Vermont Department of Education's definition of "qualified personnel" for (name of discipline)?

6. What are desired qualifications, beyond basic certification/licensure for (name of discipline) who are working in schools?

7. How are referrals made for (name of discipline)?

8. What are the roles, functions, and activities of (name of discipline) that support education?

9. What is the relationship or overlap of (name of discipline) with other disciplines?

10. Other information about (name of discipline) for consumers:

11. Sources of information about (name of discipline) available in Vermont and nationally:

12. Is there a directory of (name of discipline) service providers in Vermont or nationally?

A. Assistive Technology Services

Lynne Cleveland

1. **What are Assistive Technology Service?**
   Assistive technology (AT) services support families, students, and teams in the selection, acquisition (including funding), or use of an assistive technology device. An assistive technology device is any item, piece of equipment, or product system, whether acquired off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities.

2. **Are there licensure or certification requirements for Assistive Technology Specialists?**
   AT is an emerging field with no current licensure requirements. Standards of practice have been established nationally by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA).

3. **Are there any levels within Assistive Technology?**
   RESNA now offers certification examinations for the Assistive Technology Practitioner and Assistive Technology Supplier.

4. **Is a physician's prescription required for Assistive Technology services to be provided in schools?**
   A physician's prescription is not required. However, in order for schools to be reimbursed by Medicaid for costs related to assistive technology devices, the team is required to document "medical necessity" by a letter from a physician describing the disabling condition and stating that the device meets a medical need.

5. **What is the Vermont Department of Education's definition of a "qualified" person to provide Assistive Technology services?**
   Currently there is no definition of a "qualified" person to provide Assistive Technology services in Vermont. National standards are still being developed by RESNA.

6. **What are the desired qualifications, beyond basic certification/licensure for Assistive Technology Specialists who are working in schools?**
The general desired qualifications for an assistive technology service provider would be the same "best practice" skills desired of any team member. In addition, Vermont Technical College (VTC) in Randolph offers a two-year degree program in "Rehabilitation Engineering Technology." It melds scientific aspects of rehabilitation engineering with human services aspects of service provision to individuals with disabilities. Graduates of this program have gained a wealth of classroom and practical experience and problem-solving related to the assistive technology needs of individuals with disabilities. This VTC program is the only two-year program of its type in the nation.

7. **How are referrals made for Assistive Technology support services?**
Students on IEPs who are I-Team eligible can receive services from the Vermont I-Team Assistive Technology Specialist through the I-Team referral process. The I-Team is a statewide technical assistance, training, and family support team serving students with intensive educational needs. For more information about the I-Team, contact any of five I-Team regional offices, the Department of Education, or the University Affiliated Program of Vermont at UVM. The Vermont Assistive Technology Project (VATP) in Waterbury supports several AT specialists throughout the state.

8. **What are the roles, functions, and activities of Assistive Technology specialists?**
Assistive Technology specialists do not typically provide direct services to students. They do provide information about the range of available assistive technology, as well as provide technical assistance to teams serving students with disabilities. Assistive Technology specialists provide group training in various aspects of AT such as voice dictation, text-to-speech, switch and keyboard access, and augmentative communication devices. In some cases, demonstration and trial use of devices can be facilitated by AT specialists. Some are also experienced in making or modifying devices and equipment of all kinds.

9. **What is the relationship or overlap of Assistive Technology specialists with other disciplines?**
The work of AT specialists often overlaps, and should be coordinated with, the work of occupational therapists, physical therapists, speech-language pathologists, special educators, and instructional assistants. Assistive Technology is support for a student's appropriate education and should not be considered an all-encompassing solution to an educational dilemma. Issues such as curriculum adaptation, seating and positioning, meeting visual and auditory needs, peer interaction, and student independence are often raised by the introduction of new assistive technology and will need to be addressed by the team.

10. **Other information about Assistive Technology for consumers:**
The field of assistive technology changes continually as new technology is developed and introduced. Teams serving students with disabilities need to revisit AT issues on a regular basis to determine if a student's current AT remains appropriate, needs to be upgraded, or if a different piece of AT needs to be considered.

11. **Sources of information about Assistive Technology available in Vermont and nationally:**

Vermont Assistive Technology Project
Department of Aging and Disabilities
Division of Vocational Rehabilitation
103 South Main Street, Weeks Building
Waterbury, VT 05671-2305
(800) 750-6355
(802) 241-2620

Vermont I-Team
University of Vermont
Center on Disability and Community Inclusion
The University Affiliated Program of Vermont
5 Burlington Square, Ste 450
Burlington, VT 05401-4439
(802) 656-4031

Vermont Technical College
Rehabilitation Tech Program
Randolph Center, VT 05060
(802) 728-1520

Rehabilitation Engineering and Assistive Technology (RESNA)
Society of North America
1700 N. Moore Street, Suite 1540
Arlington, VA 22209-1903
(703) 524-6686 (phone)
(703) 524-6630 (fax)
(703) 524-6639 (TTY)
www.resna.org

B. Audiology

Martha Houghton

1. **What is Audiology?**
   Audiology is a discipline concerned with normal and disordered hearing. Audiologists are involved in the prevention, identification, and evaluation of hearing disorders, the selection and evaluation of hearing aids, and the habilitation/rehabilitation of individuals with hearing disorders.

2. **Are there licensure or certification requirements for Audiologists?**
   To meet national professional standards established by the American Speech-Language-Hearing Association (ASHA), audiologists must have a graduate degree, complete at least 300 hours of supervised clinical practicum, pass a national examination in audiology, and complete a Clinical Fellowship Year under the supervision of a fully certified audiologist. The certified audiologist uses the initials CCC-A following his/her name.

   Vermont requires that an audiologist who dispenses hearing aids must be licensed by the state licensing board in addition to his/her national certification.

3. **Are there professional levels within Audiology?**
   There are no specified levels within Audiology. However, the discipline is typically subdivided into specialties according to the nature of the population served or the setting in which the audiologist is employed. Specialties are pediatric audiology, medical audiology, educational audiology and rehabilitative audiology.

   By the year 2007, the entry-level degree for an audiologist will be a clinical doctorate, according to the American Speech-Language-Hearing Association (ASHA).

   Support Personnel: a position statement and guidelines of the Consensus Panel on Support Personnel in Audiology was published in the May/June 1997 issue of *Audiology Today*. Educational audiologists in school settings who follow the guidelines of the consensus panel work with support personnel.

4. **Is a physician's prescription required for Audiology for the service to be provided in schools?**
   No physician's prescription is required to provide Audiology in schools.

5. **What is the Vermont Department of Education's definition of "qualified personnel" for Audiology?**

The Vermont Department of Education certifies educational audiologists to work in schools and requires nine competencies that address clinical and educational service delivery knowledge and skills (Vermont Department of Education, 1985):

(a) a supervised clinical experience (300 hours) in clinical audiology and hearing rehabilitation for one semester full time, or the equivalent amount of time.
(b) General understanding of the factors which influence human growth and development and the relationship between hearing disorders, learning, and development.
(c) Knowledge of the anatomical, physiological, neurological, physical, psychological, genetic, and cultural aspects of speech, language, and hearing development.
(d) Knowledge of the various types of hearing disorders and their classification, causes, and manifestations, as well as a general understanding of the problems and characteristics of students with disabilities.
(e) Knowledge of techniques used to screen and assess students' communication skills and hearing losses.
(f) Knowledge of how to organize, administer, and evaluate school programs designed to serve students with communication disorders related to hearing loss.
(g) Knowledge of the techniques and instruments used to evaluate both hearing status and communication abilities of students.
(h) Knowledge of current laws and regulations, research, resources and services relevant to the education of children with communication disorders and hearing loss.
(i) Ability to plan, organize, implement, and evaluate an audiological program for students including:

- the ability to develop and implement a public school program of audiometric screening;
- the ability to use remedial procedures to teach children with various disorders of communication related to hearing loss; the capacity to work closely with teachers to identify, develop, or modify educational materials, curriculum, and teaching strategies appropriate to meet the education needs of students with hearing loss;
- the ability to use all available information and to work with teachers and other team members to develop Individual Education Plans for students with hearing loss; the capacity to evaluate student progress using techniques and instruments appropriate for assessing both hearing status and communication abilities;

- the ability to manage classroom acoustics, amplitude systems, and individual amplification systems;
- the ability to demonstrate classroom management techniques for the hearing impaired to teachers and school administrators;
- the ability to assist with the integration of students with hearing disorders into the regular classroom;
- the ability to work with teachers and parents to help meet the educational needs of students with hearing loss;
- the ability to teach and counsel students whose hearing is improved through communication strategies.

6. **What are desired qualifications, beyond basic certification/licensure for Audiologists who are working in schools?**
Audiologists working with students with disabilities in schools should have clinical experience working with children of all ages and abilities. They need a strong background in acoustics and instrumentation, educational implications of hearing loss, psychosocial impact of long-term hearing loss, as well as strong organizational, collaborative, consultative, communicative, leadership and advocacy skills. They need to have knowledge of Vermont special education regulations, and IEP, 504 and Act 230 processes.

7. **How are referrals made for Audiology?**
State law requires that all students in public schools, grades k,1-3, 5, 7 and 9, students previously identified with hearing loss, and students with special needs have their hearing screened on an annual basis. When students do not pass the screening, parents are notified and they are generally referred to their family doctor. The doctor has the option of referring students to a diagnostic audiology facility for a complete hearing evaluation. School personnel and/or parents/guardians may also make referrals for a hearing evaluation.

   There is only one Vermont school district that employs a full time clinical audiologist who has access to equipment and an acoustic environment for providing diagnostic audiology services at a school site. There are, however, diagnostic audiology facilities located throughout the state (see reference guide) which provide hearing and hearing aid evaluations for children. Several audiologists are employed part-time by Regional Programs that provide consultative services to Deaf and Hard of Hearing students in some areas of Vermont.

   The Local Educational Agency (LEA) Student Services Team, 504 Team or IEP Team may request/refer a student for on-site audiology consultation.

8. **What are the roles, functions, and activities of Audiologists that support education?**
The Educational Audiology Association Ad Hoc committee on Recom-

mended Professional Practices (American Speech-Language-Hearing Association, 1993) has developed recommended professional practices for educational audiology. Audiologic services for support of children with hearing loss were mandated by federal law in the public schools as early as 1975 (PL 94-142). Audiologists working in the school setting perform the following activities: screening/management of hearing screening programs; audiologic evaluations; assessment of central auditory processing; hearing aid evaluation and analysis; assessment of classroom amplification; recommend medical and educational referrals; provide counseling and guidance of students/parents/educators; provide inservice training/consultation and interpretations for school personnel; provide rehabilitation and instructional services; serve as IEP, IFSP (Individual Family Service Plan) & 504 team members; provide consultation regarding hearing conservation, soundfield amplification and classroom acoustics; provide training and supervision of support personnel; calibrate audiologic equipment and maintain appropriate records; provide management of amplification devices (i.e., listening checks, electro-acoustic analysis of hearing aid performance, troubleshooting equipment, take earmold impressions, provide loaner hearing aids); and perform ongoing evaluation of current audiologic programs and research to ensure that best practices are observed.

9. **What is the relationship or overlap of Audiology with other disciplines?**
The primary disciplines with which Audiologists coordinate or overlap services include speech/language pathology and hearing support services. Areas of overlap may involve analyzing instructional listening dynamics; recommending modifications for the school environment or programs; educating school personnel and parents to make instruction accessible to students with hearing loss for their academic and social success; and serving as "expert" members of the IEP or 504 team.

10. **Other Information about Audiology for consumers:**
The American Speech-Language-Hearing Association established Guidelines for Audiology Services in the Schools (1993). The Guidelines propose one audiologist for every 12,000 preschool through high school students to provide comprehensive audiology services. Factors which may reduce this ratio include: excessive travel time, number of children with hearing loss, number of preschool children and children with other educational needs. In many states, including Vermont, Educational Audiologists are an integral part of educational support services for regular and special education.

Most major insurance companies cover diagnostic hearing evaluations. Costs for classroom acoustics analysis, classroom observation and report/recommendations, assessment for classroom amplification, etc. are gener-

ally funded by the Local Education Agency LEA. The State of Vermont presently provides some funding for regional programs that hire consultants who provide these services. This generally covers assistive listening devices (ALD's) such as auditory trainers that directly connect a teacher and student through an FM unit. Local service organizations will often fund devices. We are currently working with Medicaid and private insurance companies to encourage their funding of ALD's outside the educational setting. Costs for personal hearing aids are generally covered by private insurance companies, Medicaid, Children with Special Health Needs, Vermont Department of Health (CSHN) or by parents. In some instances, the LEA may purchase personal hearing aids if deemed necessary by the educational team.

11. **Sources of information about Audiology available in Vermont and nationally:**

Vermont Speech-Language-Hearing Association (VSHA)
Phone: (802) 649-1676; E-mail: awags@sover.net

The University of Vermont
Department of Communication Science
Phone: (802) 656-3861

Children with Special Health Needs (CSHN)
Vermont Department of Health
Phone: (802) 863-7200 or 1-800-882-2437
Attn: Audrey Poole

Family and Educational Support Team
Vt. Department of Education
120 State Street
Montpelier, VT. 05620-2501
Phone: (802) 828-3130

American Speech-Language-Hearing Association (ASHA)
Web site: http://www.asha.org
Phone: (301) 897-5700; (301) 897-0157 TTY

American Academy of Audiology (AAA), McLean VA. 22102
Phone: (800) AAA-2336; Fax: (703) 610-9005; http://www.audiology.com

Educational Audiology Association (EAA)
Phone: 1-800-460-7322
http://www.pip.ehhs.cmich.edu/eaa/

12. Is there a directory of Audiologists in Vermont?
A listing of pediatric audiologists in Vermont can be obtained from Department of Health, Children with Special Health Needs (CSHN), P.O. Box 70, Burlington, VT. 05402. Attn: Audrey Poole Phone: (800) 882-2437.

References

American Speech-Language-Hearing Association (1993b, March), *Guidelines for audiology services in the schools.* ASHA (Suppl., 10), pp. 24-32.

Consensus Panel on Support Personnel in Audiology (May/June 1997). *Audiology Today.*

Vermont Department of Education (1985). Audiologists 5440-25. *Certification Regulations for Vermont Educators.* Montpelier, VT: Author, p. 63.

C. Deaf and Hard of Hearing Support Services

Paige Russell

1. **What is a Teacher of the Deaf and Hard of Hearing?**
Teachers of the Deaf and Hard of Hearing offer a range of services to deaf and hard of hearing children from birth through twenty-one years. The goal is to provide support services to children who are deaf and hard of hearing related to education, parent/staff training, language development (English and/or American Sign Language), speech, and assistive technology. This support may occur in the home, the public school system, or a school/classroom for the deaf.

2. **Are there any licensure or certification requirements for Teachers of the Deaf and Hard of Hearing?**
Yes. Vermont special education certification or audiological certification is required through the Department of Education.

3. **Are there any levels within Teachers of the Deaf and Hard of Hearing?**
There are no specified levels. Generally, a Teacher of the Deaf and Hard of Hearing will have a bachelor's or master's degree in education of the deaf, or a master's in audiology with a Certificate of Clinical Competence.

4. **Is a physician's prescription required for Deaf and Hard of Hearing Support services to be provided in schools?**
No physician referral or prescription is required.

5. **What is the Vermont Department of Education's definition of a "qualified person" in Teacher of the Deaf and Hard of Hearing?**
The State Department of Education requires the "highest degree of qualification," i.e., the same as is currently required for a special education teacher or audiology license.

6. **What are the desired qualifications, beyond basic licensure for Teachers of the Deaf and Hard of Hearing?**
Desired qualifications include: (a) 0-5 specialization (expertise in working with 0-5 year-olds); (b) knowledge of various forms of communication (American Sign Language, cued speech, auditory-verbal therapy, total communication); (c) knowledge of deaf culture; (d) knowledge of assistive technology (FM systems, TTY's, hearing aids, sound field systems); (e) consulting skills; and, (f) signing skills.

7. **How is a referral made for Deaf and Hard of Hearing Support services?**
A referral may be made by an audiologist, speech-language pathologist, school personnel, pediatrician, special education coordinator, Parent Infant Toddler Program of Vermont (for children ages 0 to 3), Department of Health's Children with Special Health Needs (CHSN) Program, or by parents.

8. **What are the roles, functions, and activities of Teachers of the Deaf and Hard of Hearing?**
Teachers of the deaf and hard of hearing can work directly as teachers or as related services providers in a variety of settings. In Vermont, these teachers can be found at the following sites: (a) Austine School for the Deaf in Brattleboro working as classroom teachers; (b) in the home, working as parent/infant educators; (c) in a public school classroom, working with one or more deaf children and co-teaching in a mainstream setting; (d) in a satellite program for deaf and hard of hearing children; and (e) as a regional consultant to the public school system through a model of statewide consultants of the deaf and hard of hearing unique to Vermont.

One of the most important roles of a consultant for deaf and hard of hearing children is that of being a member of the IEP team, evaluation team, 504 team, etc. Other important roles are those of training and providing services to school staff regarding hearing loss in general, and the needs of the specific child. The teacher of the deaf and hard of hearing can provide information on appropriate classroom accommodations and on curricular accommodations. They also provide information on assistive devices such as FM systems, TTY's, etc. Another role is that of liaison between the school staff and the audiologist, ear, nose and throat doctor, and agencies related to the deaf and hard of hearing. Finally, the teacher of the deaf and hard of hearing may serve a key role in the hiring, training, and support of educational interpreters.

9. **What is the relationship or overlap of Teachers of the Deaf and Hard of Hearing with other disciplines?**
   There is potential overlap with the disciplines of audiology and speech-language pathology.

10. **Other information about Teachers of the Deaf and Hard of Hearing for consumers:**
    Consumers should be aware that there is substantial controversy in this field regarding what communication system should be used with a specific child (i.e., American Sign Language, auditory/oral, Total Communication, Cued Speech, etc.) The person you meet with (special educator, consultant, speech-language pathologist, audiologist) may have a strong bias toward one approach. It is important for parents to get objective information about all approaches, and the pros and cons of each, before selecting the most appropriate communication system to use with their child.

11. **Sources of information about Teachers of the Deaf and Hard of Hearing available in Vermont and nationally:**

    Austine School for the Deaf, Brattleboro, VT
    Phone: (888) 254-3323

    Vermont Center for Independent Living (VCIL)
    Phone: (800) 639-1522

    A.G. Bell Association, Washington, D.C.
    Phone: (202) 337-5220

    Gallaudet University, Washington, D.C.
    Phone: (202) 651-5000

    National Information Center on Deafness, Washington, D.C.
    Phone: (202) 651-5051

    National Technical Institute for the Deaf, Rochester, NY
    Phone: (716) 475-6400

12. **Is there a directory of Teachers of the Deaf and Hard of Hearing in Vermont?**
    No.

D. Occupational Therapy

Christine Knippenberg and Ruth Dennis

1. **What is Occupational Therapy?**
   The American Occupational Therapy Association (AOTA) (1997) defines occupational therapy as:

   ... A health profession that utilizes the application of purposeful goal-directed activity in the assessment and treatment of persons with disabilities. In an educational setting, Occupational Therapy uses activity and adapted surroundings to facilitate the student's independent function and to decrease the effects of the handicapping condition on the student's ability to participate in the educational process (p.1-2).

2. **Are there licensure or certification requirements for Occupational Therapy?**
   In order to practice using the title "Registered Occupational Therapist" (OTR) or "Certified Occupational Therapy Assistant" (COTA) in Vermont, certification is required through the Vermont Secretary of State's office. A qualified practitioner will have a certification number that can be verified through the Secretary of State's Office and is renewed biennially. There are continuing education requirements.

3. **Are there professional levels within Occupational Therapy?**
   There are three professional levels within Occupational Therapy. Only two may practice in school settings: Occupational Therapist (OTR) and Certified Occupational Therapy Assistant (COTA).

   A Registered Occupational Therapist (OTR) has a Bachelor of Science degree, a Master's degree, or a post-baccalaureate certification in Occupational Therapy approved by AOTA; has documented six months of work in Occupational Therapy under the supervision of an OTR; has passed a national certification examination prepared by the National Occupational Therapy Certification Board (NOTCB); and maintains current certification through the Vermont Secretary of State's Office.

   OTRs have skills required to: screen, assess, evaluate, interpret evaluation results, plan programs, implement intervention programs, adapt environments, monitor progress, communicate with other team members, terminate services, maintain appropriate documentation and records, provide inservice education, monitor their own performance and identify supervision needs in accordance with AOTA Code of Ethics (AOTA, 1988) and Standards of Practice (AOTA, 1982) (AOTA, 1993).

A Certified Occupational Therapy Assistant (COTA) has an associate's or higher degree in occupational therapy from a program approved by AOTA; has two months' supervised work in OT; has passed a national certification examination administered by NOTCB; and holds current certification through the Vermont Secretary of State's Office.

The Certified Occupation Therapy Assistant (COTA) has skills required to: work under the supervision of an OTR in order to assist with data and evaluation, develop treatment goals, maintain equipment, and implement and coordinate intervention plans (AOTA, 1993). COTAs advance along a continuum of entry level to advanced practice levels, as demonstrated by competency tests administered by AOTA and/or NOTCB. The OTR, however, has ultimate responsibility for developing treatment plans and for service provision and evaluation.

4. **Is a physician's prescription required for occupational therapy to be provided in schools?**
   No physician's prescription is required for educationally-related Occupational Therapy services. The funding source, if other than education, may require a physician's referral.

5. **What is the Vermont Department of Education's definition of "qualified person" for Occupational Therapy?**
   The Department of Education requires the "highest degree of qualification," i.e., the same as is currently required by the Vermont Secretary of State's Office for professional certification. The Department of Education has no additional requirements for Occupational Therapists or Certified Occupational Therapy Assistants who work in early intervention or educational settings.

6. **What are the desired qualifications, beyond basic certification/licensure for Occupational Therapists and Certified Occupational Therapy Assistants who are working in schools?**
   The American Occupational Therapy Association (AOTA) has not yet developed Core Competencies for school-based practice. AOTA does provide a description of Occupational Therapist (OTR) and Certified Occupational Therapist Assistant (COTA) supervision recommendations that apply to work in schools. Occupational Therapists should be familiar with best practices in their profession. Occupational Therapists may choose to pursue new specialty certification in pediatrics by passing a certification exam offered by AOTA. A directory is available from AOTA that lists Board certified clinical specialists. Most therapists learn valuable school-based skills through continuing education programs and work-

shops, some of which offer certification in specific treatment approaches, e.g., Neurodevelopmental Treatment (NDT) or Sensory Integration (SI) Testing.

7. **How are referrals made for Occupational Therapy?**
A referral for Occupational Therapy is made by members of the educational planning team or the Individualized Educational Program (IEP) team for a child with a disability or suspected disability. In the case of Early Intervention Services, referrals are made by the Individual Family Service Plan (IFSP) Team through its service coordinator. Referrals may be made to private practitioners, or agencies employing Occupational Therapists (including schools, Home Health Agencies, hospitals, the State I-Team, or community programs). A referral for service may also be made for children not eligible for Special Education, (including student support team referrals, 504 or general education referrals), but in this case, Occupational Therapy is not a "related service."

   Referrals should name the contact person, team leader or case manager and ensure that parental permission for the referral has been obtained. Agencies or private Occupational Therapy service providers may have referral forms and/or intake forms or procedures that will help them gather preliminary information and prepare to address areas of concern to the team.

8. **What are the roles, functions, and activities of Occupational Therapy that support education?**
Roles of the Occupational Therapist in educational settings include: participation in screening/evaluation; program planning; provision of services and assistance with team functions as determined with other team members. Roles that extend beyond those related to individual student needs include: advocacy for students and families; assisting in identifying and accessing resources; fieldwork supervision for Occupational Therapy students; and supervision of Occupational Therapy staff. The Occupational Therapist provides services that are consistent with the policies of the school and the professional and ethical standards of Occupational Therapy.

   Occupational Therapy services are appropriate for children when problems are suspected in the following: self-care and daily living skills; school and work skills; play and social skill development; sensory processing; fine motor development or coordination; development of handwriting and manipulation skills; perceptual motor development; oral motor development; or when there is a need for positioning for function, adaptive equipment, specialized techniques or devices, and/or technology to support educational outcomes for students with disabilities.

9. **Relationship and overlap of Occupational Therapy with other disciplines.**

Occupational Therapy may be provided in coordination with, and/or overlap with, parents and special education and regular education personnel, including teachers, paraprofessionals, counselors, employment specialists, school nurses, social workers and educational psychologists. For children with sensory impairments, OTs will often work with Vision Teachers, Orientation and Mobility Specialists, Deaf Blind Consultants, Consultants for the Deaf and Hard of Hearing, Audiologists, Opthamologists and Optometrists. For children with motor impairments, OTs may work with Physical Therapists, Rehabilitation Therapists, Nurses, Speech and Language Pathologists, Nutritionists and Assistive Technology Consultants.

10. **Other information about Occupational Therapy for consumers:**
In Vermont, there is a shortage of Occupational Therapists in general, and for OT related services providers in particular. Existing resources are unevenly distributed across the state, resulting in problems in access to skilled services and restricted provider choice for many families and school personnel. In most cases, the Occupational Therapists are private practitioners who contract directly with the school or indirectly through other agencies or programs that have developed contracts with the school. An emerging model is for therapists to be hired directly by the school on a full or part-time basis.

11. **Sources of information about the Occupational Therapy available in Vermont and nationally:**
Vermont Occupational Therapy Association (VOTA),
c/o Cathy Healy (president), Taftsville, VT. (802) 457-4487

The American Occupational Therapy Association (AOTA),
4720 Montgomery Lane, P.O. Box 31220, Bethesda, MD. 20824-1220,
(301) 652-2682 or via Internet at www.aota.org

The University Affiliated Program of Vermont
5 Burlington Square, Ste 450
Burlington, VT 05401-4439 (802) 656-4031

12. **Is there a directory of Occupational Therapy service providers in Vermont?**
The Vermont Occupational Therapy Association maintains a directory of members (not limited to pediatrics).

References

American Occupational Therapy Association (AOTA) (1993). Occupational Therapy Roles. *The American Journal of Occupational Therapy, 47,* (12) 1087-1089.

American Occupational Therapy Association (1997). *Occupational therapy services for children and youth under the individuals with disabilities education act.* Bethesda, Maryland: Author.

American Occupational Therapy Association (1982). *Occupational therapy standards of practice.* Bethesda, Maryland: Author.

American Occupational Therapy Association, Sensory Integration Special Interest Section (1997). Statement-Sensory integration evaluation and intervention in school-based Occupational Therapy. *American Journal of Occupational Therapy 51*(10), 862-863.

State of Vermont (1993). *Laws relating to Occupational Therapy* Title 26, Chapter 71.

E. Orientation and Mobility Specialists

Stephanie Bissonette & Jules Cote

1. **What is an Orientation and Mobility Specialist?**
   The Certified Orientation and Mobility Specialist (COMS) provides services to children and adults with visual impairments. The primary goal is to help them develop skills necessary to move safely and independently in their environment. "Orientation" refers to the ability to locate oneself in one's environment with reference to time, place and people. "Mobility" refers to how a person gets from one place to another.

2. **Are there licensure or certification requirements for Orientation and Mobility Specialists?**
   The Vermont Department of Education has no requirements for Orientation and Mobility Specialists. The requirements of a Certified Orientation and Mobility Specialist are a Bachelor's or graduate degree, in the field of orientation and mobility and national certification from the *Association for the Education and Rehabilitation for the Blind* (AER).

3. **Are there any levels within the discipline of Certified Orientation and Mobility Specialists?**
   No.

4. **Is a physician's prescription required for Orientation and Mobility services to be provided in schools?**
   Yes, a copy of an eye report from an ophthalmologist is required for services. In order to be identified as visually impaired, a student must have a visual acuity of 20/70 or worse, in the better eye, with correction (glasses), or have a progressive eye condition.

5. **What is the Vermont Department of Education's definition of a "qualified person" for Certified Orientation and Mobility Specialists?**
   The Department of Education has no requirements for Certified Orientation and Mobility Specialists who works in educational settings.

6. **What are the desired qualifications, beyond basic certification/licensure for Certified Orientation & Mobility Specialists who are working in schools?**
   Knowledge of educational systems and procedures, special education regulations, and collaborative team skills.

7. **How are referrals made for the services of Certified Orientation and Mobility Specialists?**
   School personnel, the student's physician, or parent may refer a student with a vision impairment for Orientation and Mobility Services. It is the decision of the IEP team to determine if the services are educationally necessary for the student to benefit from education.

8. **What are the roles, functions, and activities of Certified Orientation and Mobility Specialists that support education?**
   The role of the Certified Orientation and Mobility Specialist is to provide service to the child with a visual impairment, to school personnel, parents, and other team members, and to conduct assessments when needed. It is also the Certified Orientation and Mobility Specialist's responsibility to teach movement techniques, provide expertise about modifying home and school environments, encourage independent travel skills, emphasize the student's residual vision, and prepare and use materials and equipment to develop orientation and mobility skills.

9. **What is the relationship or overlap of Certified Orientation and Mobility Specialists with other disciplines?**
   The disciplines most likely to overlap with the Certified Orientation & Mobility Specialist include: (a) Teachers of the Visually Impaired, (b) Deaf-blind Specialists, (c) Special Education Teachers, (d) Physical Therapists, and (e) Occupational Therapists. Depending on the unique characteristics of the student, a Certified Orientation and Mobility Specialist may work collaboratively with professionals from any discipline.

10. **Other information about Certified Orientation and Mobility Specialists for consumers:**
    In Vermont, many Certified Orientation and Mobility Specialists are also certified as Teachers for the Visually Impaired. Hypothetically, one person may perform the dual functions of a Braille instructor and Certified Orientation and Mobility Specialist.

11. Sources of information about Certified Orientation and Mobility Specialists available in Vermont and nationally:

Vermont Association for the Blind and Visually Impaired
37 Elmwood Ave.
Burlington, VT 05401
(802) 863-1358 (in the Burlington, VT area) (800) 639-5861

American Foundation for the Blind
11 Penn Plaza, Suite 300
New York, NY 10001
(212) 502-7600
1-800-AFB-LINE

Association for the Education and Rehabilitation of the Blind
& Visually Impaired (AER)
206 North Washington Street, Suite 320
Alexandria, VA 22314
(703) 823-9690

12. Is there a directory of Certified Orientation and Mobility Specialists in Vermont?
Vermont does not have a directory of Certified Orientation and Mobility Specialists.

F. Physical Therapy

Susan Edelman, Betsy Gossens & Ann Wright

1. What is Physical Therapy?
Physical therapy in its broadest sense is considered a health-related or allied health profession. The American Physical Therapy Association defines it as:

...the examination, treatment, and instruction of human beings to detect, assess, prevent, correct, alleviate, and limit physical disability; movement dysfunction; bodily malfunction; and pain from injury, disease, and any other bodily and mental conditions. Physical therapy includes the administration, interpretation, and evaluation of tests and measurements of bodily functions and structures; the planning, administration, evaluation, and modification of treatment and instruction, including the use of physical measures, activities, and devices, for preventative and therapeutic purposes; and the provision of consultative, educational, and other advisory services for the purpose of reducing the incidence and severity of physical disability, movement dysfunction, bodily malfunction, and pain (Martin, 1990).

As a related service, physical therapy serves to "assist the child to benefit from special education" by drawing upon the unique knowledge of the field.

2. **Are there licensure or certification requirements for Physical Therapists?**
   Physical therapists must be licensed to practice physical therapy in Vermont. This licensure is based on the State's Physical Therapy Practice Act and is governed by the professional licensing division of the Office of the Secretary of State.

3. **Are there any levels within Physical Therapy?**
   In addition to licensed physical therapists, the profession includes Physical Therapist Assistants (PTAs) who must hold a Vermont license to practice from the professional licensing division of the Office of the Secretary of State. A licensed physical therapist must supervise and direct the activities of a PTA. Co-visits are required on a regular basis according to 1998 Practice Act requirements.

   Physical Therapists may choose to pursue Specialty Certification in Pediatrics by passing a comprehensive certification exam offered by the American Board of Physical Therapy Specialties (ABPTS) of the American Physical Therapy Association (APTA). The ABPTS certifies individuals who have demonstrated advanced clinical knowledge and skills in any one of seven areas, including pediatrics. A directory is available that lists board-certified clinical specialists by geographic region.

4. **Is a physician's prescription required for Physical Therapy services for the service to be provided in schools?**
   No. Vermont's Physical Therapy Practice Act permits direct access to Physical Therapy services without physician referral. However, if a school district intends to be reimbursed by Medicaid, a physician must authorize the service by verifying that the service is medically necessary according to Medicaid rules. For more information about Medicaid see Section 3.

5. **What is the Vermont Department of Education's definition of a "qualified person" for Physical Therapy?**
   The Department of Education requires the "highest degree of qualification;" i.e., the same as currently required by the Vermont Secretary of State's Office for professional license in Physical Therapy. The Department of Education has no additional requirements for Physical Therapists who work in educational settings.

6. **What are desired qualifications, beyond basic licensure for Physical Therapists who are working in schools?**
   Knowledge, intervention skills, and experience in pediatric Physical Therapy as a related service are not ensured by Physical Therapy degree programs or required for licensure. Desirable qualifications beyond licensure include: a) pediatric Physical Therapy knowledge and experience; b) a working knowledge of federal and state education and related laws, court decisions, and administrative rulings; and, c) knowledge of special and general education practices, and d) skills including identification of students with disabilities, evaluation of students' strengths and needs, educational program planning and program implementation and evaluation. It is especially helpful for Physical Therapists to have or to develop skills in the areas of collaborative teamwork and consultation.

7. **How are referrals made for Physical Therapy?**
   Referrals for Physical Therapy support typically are initiated when there is a concern for a student's abilities in the areas of movement, posture, strength, and endurance. These concerns may arise from observations of any team member or may stem from a need to understand appropriate management of a child's known disability. Many Physical Therapists use a referral form or questionnaire to help guide the team in determining when to refer for possible Physical Therapy support. The referral may be made to a Physical Therapist at any point in the process, including screening and identification; evaluation planning; the evaluation process; IEP development, implementation, and evaluation and reporting of progress.

8. **What are the roles, functions, and activities of Physical Therapy to support education?**
   The roles, functions and activities of Physical Therapy in supporting the education of children with disabilities include addressing a) functional mobility in order to permit freedom of movement within the educational setting to the greatest extent possible; b) positioning to identify the best positions for learning and for prevention of further disability; c) gross motor skill performance and coordination in order to allow full participation in the educational program; d) adaptive equipment needs for access and for participation; and e) physiological functions related to strength and endurance to allow participation in a full day of educational activity.

9. **What is the relationship or overlap of Physical Therapy with other disciplines?**
   Most often Physical Therapists' roles and activities overlap with occupational therapy in areas such as positioning, posture, movement, sensory processing, and adaptive equipment. Physical Therapy may overlap with many disciplines, especially those where movement, posture, and coordination are important considerations, such as orientation and mobility, assistive technology, and recreation specialists.

10. **Other information about Physical Therapy for consumers:**
Having a license to practice Physical Therapy does not mean that a Physical Therapist has knowledge and skills in pediatrics or special education. Physical Therapy degree programs are geared for comprehensive preparation across a wide variety of physical needs, kinds of conditions/disabilities, and settings for practice. Physical Therapists are prepared to work primarily in medical settings with a growing emphasis on health care in community and home settings. Pediatrics is a small portion of Physical Therapy services, and the school-based population is even smaller. Knowledge and experience in pediatric Physical Therapy and its application as an educational support are usually gained through continuing education or specialty certification, on-the-job experience, or through mentoring/networking with other Physical Therapists who have experience. Vermont school-based Physical Therapists have worked extensively with the Department of Education, arranging workshops and activities that increase the skills and capacity of Physical Therapists and other related services providers.

11. **Sources of information about Physical Therapy available in Vermont and nationally:**
The Vermont Chapter of the American Physical Therapy Association (APTA) is an excellent source of information for those who are interested in learning more about the profession in general. To be a member of the Vermont Chapter, one must also be a member of the national APTA. The Vermont Chapter does not have an office. Current information is available through the Chapter officers. To find out who the current officers are, contact the APTA national office, the University of Vermont's Department of Physical Therapy or locate an active member of the Chapter.

Physical therapists are not required to be members of the APTA and may affiliate with other professional organizations related to the education of children with disabilities to promote their application of Physical Therapy to pediatrics and to educational support services. These include The Association for Persons with Severe Handicaps (TASH) and the Council for Exceptional Children (CEC) . Physical Therapists currently working in Vermont schools share information about the profession in general. They often have resources which are useful for understanding Physical Therapy and how it can support students with needs in this area.

The American Physical Therapy Association (APTA), with chapters in all 50 states, is the major professional association for Physical Therapists. The APTA can provide information on all aspects of the profession through the national office:

American Physical Therapy Association (APTA)
1111 North Fairfax Street
Alexandria, VA 22314
Phone: (703) 684-APTA
Internet: www.apta.org

The APTA has an extensive catalog of publications, books, and journals which are available through the Association or from most medical libraries. Within the APTA, specific sections focus on practice areas and are open to any interested APTA member. Most relevant for school-based Physical Therapists is the Pediatric Section. It has various publications and a quarterly journal.

The APTA has developed the Code of Ethics and Standards of Practice for Physical Therapists which are recognized by state legislatures and courts as representing the usual and customary practice of Physical Therapy.

References

Martin, K. (1990). *Physical therapy practice in educational environments: Policies and guidelines.* Alexandria, VA: American Physical Therapy Association.

G. Rehabilitation Counseling

Bryan Dague

1. **What is Rehabilitation Counseling?**
   Rehabilitation Counseling is a discipline dedicated to helping individuals with disabilities achieve productive and independent lives. Rehabilitation counselors combine their knowledge of psychology and their understanding of disabilities with skills in counseling, evaluation, and job placement to help people with disabilities mobilize their strengths and build new lives.

   In a school setting, rehabilitation counseling may be provided through "Supported Employment." Supported employment is a vocational service through which an employment specialist, who may or may not be a rehabilitation counselor, will help an individual with a disability to obtain and maintain employment in an employer-paid job in the community.

2. **Are there licensure or certification requirements for Rehabilitation Counselors?**
   There is a national certification called Certified Rehabilitation Counselor (CRC). To be eligible for the CRC, a candidate must have a Master's Degree in Rehabilitation Counseling or a Master's in Counseling and meet other requirements specified by the Commission on Rehabilitation Counselor Certification. However, it is generally not considered a requirement for employment.

   Master's level Rehabilitation Counselors are eligible for licensure registration, or certification as professional counselors, in nearly all states that regulate counselors. For school-based supported employment programs, there is no certification or licensure at this time.

3. **Are there any levels within Rehabilitation Counseling?**
   There are no specified levels within rehabilitation counseling. There is a Master's Degree in Rehabilitation Counseling and some universities offer a Bachelor's Degree. Degree programs should be accredited by the Council on Rehabilitation Education (CORE). Rehabilitation Counseling programs generally have areas of specialization such as Alcoholism and Substance Abuse, Deafness, Traumatic Brain Injury, Employment Services, or Psychiatric Rehabilitation.

   Many individuals are employed as state Vocational Rehabilitation Counselors, or in schools and adult service agencies as Employment Specialists or Job Coaches. People in these positions provide vocational services for individuals with disabilities. They may or may not have degrees in Rehabilitation Counseling.

4. **Is a physician's prescription required for Rehabilitation Counseling services to be provided in schools?**
   No.

5. **What is the Vermont Department of Education's definition of a "qualified person" for Rehabilitation Counseling?**
   The Department of Education requires the "highest degree of qualification," However, the Department has not defined requirements for Rehabilitation Counseling who work in educational settings.

6. **What are desired qualifications, beyond basic certification/licensure for Rehabilitation Counselors who are working in schools?**
   It is desirable for Rehabilitation Counselors to have knowledge about exemplary practices for including students with disabilities in high schools as well as post-secondary options in the community. It is important to recognize that staff working in school vocational programs may not have

any official certification or license. These staff, who may work in conjunction with a Rehabilitation Counselor, are encouraged to receive specific training in supported employment. Desired qualifications for supported employment staff include knowledge and experience in vocational assessment; community job development and employer relation skills; systematic job training techniques; facilitation of natural supports; and follow-along services. A number of training sessions are available in Vermont and in other locations in New England. It is recommended that staff, at a minimum, attend a three-day introductory training in supported employment.

7. **How are referrals made for Rehabilitation Counseling?**
   Referrals for Rehabilitation Counseling and supported employment services are generally made by educational teams to adult service organizations. These organizations include: 1) Vermont Division of Vocational Rehabilitation, 2) Vermont Department of Developmental and Mental Health Services, 3) Vermont Department of Employment and Training, or 4) private rehabilitation agencies, employee assistance programs or insurance companies. Many schools offer supported employment services and can be contacted directly or through the Vermont Department of Education.

8. **What are the roles, functions, and activities of the Rehabilitation Counselor to support education?**
   The roles and responsibilities of a Rehabilitation Counselor include conducting and evaluating vocational assessments; evaluating medical and psychological reports; consulting with family members, physicians, occupational and physical therapists about the types of work individuals can perform; assisting the individual to adjust to his or her disability through counseling; and working with other organizations, advocacy groups and disciplines to address the environmental and social barriers for people with disabilities. A school-based supported employment program would address the vocational needs and post-secondary educational/training needs identified in the student's IEP/Transition Plan.

9. **What is the relationship or overlap of Rehabilitation Counselor with other disciplines?**
   The rehabilitation counselor most frequently overlaps with school counselors, social workers, and special education teachers. School-based supported employment services could overlap with the overall School-to-Work initiative.

10. **Other information about Rehabilitation Counseling for consumers:**
    As stated above, there are a number of vocational services available that may or may not be provided by a Master's level or Certified Rehabilitation Counselor.

Consumers need to be aware that work obtained through supported employment services are real jobs. Students are hired by the business and are expected to abide by the rules and schedules of the workplace.

11. **Sources of information about Rehabilitation Counseling available in Vermont and nationally:**

For information on Rehabilitation Counseling:
American Counseling Association (ACA)
5999 Stevenson Ave. Alexandria, VA 22304-3300
Phone: (800) 347-6647; (703) 823-9800
Internet: www.counseling.org

Commission on Rehabilitation Counselor Certification
1835 Rohlwing Road, Suite E, Rolling Meadows, IL 60008

National Rehabilitation Counseling Association
8807 Sudley Road #102, Manassas, VA 22110-4719

For information on Supported Employment:
Vermont Division of Vocational Rehabilitation
103 South Main St., Waterbury, VT 05671-2303
Phone (802) 241-2186

Vermont Division of Developmental and Mental Health Services
103 South Main St., Waterbury, VT 05671-1601
Phone: (802) 241-2614

Vermont Department of Employment and Training
Green Mountain Drive, Montpelier, VT 05602
Phone: (802) 828-4000
Vermont Department of Education
120 State St., Montpelier, VT 05620
Phone: (802) 828-3130

University of Vermont Center for Transition and Employment
499C Waterman, University of Vermont, Burlington, VT 05405
Phone: (802) 656-4031

Vermont Association for Persons in Supported Employment
Center on Disability and Community Inclusion
5 Burlington Square, Ste 450, Burlington, VT 05401-4439
Phone: (802) 656-1345

National Association for Persons in Supported Employment (APSE)
1627 Monument Ave. Richmond, VA 23220
Phone: (804) 278-9187

12. Is there a directory of Rehabilitation Counselors in Vermont?
Information is available from:

Vermont Parent and Information Center (VPIC) Transition Resource Guide
1 Mill Street, Suite A7
Winooski, VT 05401
Phone: (802) 658-5315

Vermont State Funded Supported Employment Programs. Contact the Division of Vocational Rehabilitation or access the list via the VT-APSE web page; see below.

Vermont Association for Persons in Supported Employment (VT-APSE)
Web Page (www.uvm.edu/~uapvt/programs/vtapse.html)
Phone: (802) 656-1345

National Association for Persons in Supported Employment (APSE)
Web Page (www.apse.org)

H. School Counseling

Anne Geroski

1. What is School Counseling?
School counselors are professionals who work in a school setting offering developmental, preventive, remedial, and responsive services to students, parents and school personnel. Typically, these services are designed to help students realize their potential in personal, social, and academic areas. In general, school counselors provide the following services: individual counseling, small group counseling, developmental guidance classes, the facilitation of special projects, staff development and support, and crisis intervention. A school counselor may assist a student with an IEP to benefit from special education and, thus, provide a related service.

School counselors also work closely with administrators in a variety of areas, depending on the needs and structure of the school. For example, school counselors may be involved in master class planning, consultation and training of teachers, program or curriculum development, school climate en-

hancement, and a variety of other school-related topics. Although school counseling is a standard service of most public schools, the programs and services offered to students and parents vary widely among districts and levels. Specific services offered by the school counselor will depend on the needs of the school and community.

2. **Does School Counseling have any licensure or certification requirements?**
   Yes. School counseling preparation programs are graduate programs, and a Master's degree is required by the Vermont Department of Education for practice in Vermont. School counselors have knowledge and training in psychological, sociological, and developmental theories; assessment and measurement; career development; family systems and parenting skills; and crisis intervention. They have studied the effects of social issues facing children and families today, and issues related to diversity. School counselors receive clinical training in counseling children and adolescents individually and in small groups. Some school counselors have specific training in the needs of children with disabilities, and all are familiar with the educational processes surrounding special education placement and services. In general, the preparation of school counselors is similar to that of mental health counselors. The field has a specific focus on the needs of children and adolescents and their families. It also conveys an understanding of school systems, and the application of developmental guidance in classroom settings.

3. **Are there any levels within School Counseling?**
   No. A Master's degree allows a school counselor to work at any grade level, kindergarten through grade twelve. However, counselors at one grade level may have expertise that is not applicable to other grade levels. For example, an elementary school counselor will have extensive knowledge about play therapy while a high school counselor is better informed about college preparation and career development.

4. **Is a physician's prescription required for Counseling services to be provided in schools?**
   No. A physician's prescription is not required. Occasionally, a counselor will consult with a physician regarding a particular student. School counseling services, however, are never contingent upon a prescription.

5. **What is the Vermont Department of Education's definition of a "qualified person" for School Counseling?**
   The Department of Education requires Masters degree in School Counseling for licensure in Vermont.

6. **What are the desired qualifications, beyond basic licensure for School Counselors who are working with students with disabilities?**
There are no additional qualifications necessary beyond the comprehensive knowledge and training that school counselors receive during their Master's degree programs. Most school counselors seek additional opportunities to fulfill their commitment to professional development.

7. **How is a referral made for School Counseling?**
In general, developmental services of school counselors are offered as part of the regular school curriculum (e.g., Developmental Guidance classes). Prevention, remedial and responsive services tend to be offered to individual students (individually or in small groups) with specific needs as necessary. Some students who have disabilities will have school counseling services identified as a related service on the IEP. Referrals for individual counseling and participation in school groups are made by parents, teachers, and the students themselves. Consultation and crisis response services are provided to all students, parents, and school personnel as appropriate.

8. **What are the School Counselor's roles, functions, and activities to support education?**

a. Individual Counseling
The content of individual counseling sessions may vary from a focus on educational or career planning or placement, to personal or emotional coping or social skill development. When the work is related to an issue of personal, emotional, or social skill development, individual counseling is often limited to a small number of problem-specific sessions, which sometimes leads to a referral to a community mental health professional.

b. Small Group Counseling
Small group counseling involves working with a small number of students on a specific issue or topic. The focus of these groups may range from career development to personal or social skill exploration and development. Developmental groups focus on learning new skills in any of these areas; remedial groups focus on re-learning specific skills or developing coping behaviors; responsive groups are typically short-term in nature and are formed in response to a particular need or incident. The range of topics for these groups is extensive. For example, they may focus on interviewing for a job, changing families, developing friendships, communication skills, peer pressure, and a variety of other social or personal issues affecting children and teens. The number and type of groups offered in a given school varies depending on the school's needs and the structure of its counseling program.

c. Developmental Guidance Classes
Offering developmental guidance classes is typically a large part of the work of school counselors, particularly at the elementary level, where the classes are part of the curriculum. These services are also offered at middle and high school levels, but less regularly and sometimes in a different format. In developmental guidance classes, school counselors teach students necessary skills in the areas of personal awareness, communication with others, problem solving, decision making, school success, and career awareness and planning. The content of these classes is outlined in the Vital Results section of Vermont's *Framework of Standards and Learning Opportunities*. The classes are part of the general education curriculum, and serve as a natural support for students on IEPs who need support in these areas.

In addition to the above roles and activities, school counselors may facilitate special projects for all students, provide consultation and supports to parents, teachers, administrators, and community members, and crisis assessment and intervention.

9. **What is the relationship or overlap of School Counseling with other disciplines?**
School counselors work closely with teachers in facilitating the educational attainment of students. They consult with teachers frequently on issues of placement and success for students in the classroom. In some schools, developmental guidance classes are offered collaboratively by teachers and counselors, or may be provided by the teachers in consultation with the school counselor.

School counselors work closely with special educators in many schools. This work may include consultation regarding child development; behavior management; social skill development; career planning; collaborative instruction of developmental guidance classes; and participation in educational planning and placement.

School counselors work closely with other ancillary service providers, particularly school psychologists, social workers, behavior specialists, and substance abuse counselors. The work typically includes collaborative service delivery, referral, consultation, and supervision.

10. **Other information about school counseling for consumers:**
Not all children can benefit from the various services offered by the school counselor. The counselor typically works with families and other professionals (in and out of the school) to determine how students' needs can best be met.

11. Sources of information about School Counseling available in Vermont and nationally:

A number of national and state organizations representing professional counselors provide school counselors with training and development support and offer informational services about the profession to the public. The Department of Education, which licenses counselors to work in schools, can provide information about the licensing requirements, state mandates for the work of counselors in schools, and the names of school counselors working in Vermont public schools. In addition, there are two school counselor professional training programs in Vermont with faculty who are qualified to provide information about the profession to interested individuals. For more information, contact the following:

Professional Organizations:
American Counseling Association (ACA)
5999 Stevenson Ave. Alexandria, VA 22304-3300
Phone: (800) 347-6647; (703) 823-9800
Internet: www.counseling.org

American School Counseling Association
Phone: (800) 306-4722

Vermont Counseling Association
P.O. Box 8383
Burlington, VT 05401

Professional Training Institutions in Vermont:
Johnson State College
Counseling Program
RR #2 Box 75
Johnson, VT 05656

University of Vermont
Counseling Program
Department of Integrated Professional Studies
College of Education and Social Services
Burlington, VT 05405-0160
Phone: (802) 656-3888

12. Is there a directory of School Counselors in Vermont?

No.

I. School Psychology

Richard Reid

1. **What is School Psychology?**
   School Psychology is a profession whose members help teachers, parents, and students to understand, prevent, and solve problems. As a specialty within the profession of psychology, school psychology is founded on respect for the dignity and worth of each student and a commitment to understanding human behavior for the purpose of promoting human welfare.

2. **Are there any licensure or certification requirements for School Psychologists?**
   A School Psychologist is a professional who meets the requirements for credentialing as outlined in the National Association of School Psychologist (NASP) standards. This credential is based upon completion of an approved school psychology training program and successful performance on a national qualifying examination. School Psychologists are nationally certified by NASP, which requires them to receive continuing education in order to maintain certification. School Psychologists are licensed by the Vermont Department of Education, which also has continuing education requirements. Based on the IDEA provisions on the use of "qualified personnel" and best practices, it is in the interest of the school district and its students that only licensed School Psychologists be employed to provide psychological services to students.

3. **Are there professional levels within School Psychology?**
   There are specialist and doctoral level school psychologists. The essential knowledge base for the professional practice of school psychology encompasses psychological foundations, educational foundations, interventions and problem solving, statistics and research methodologies, and professional school psychology. The same knowledge base standards apply to both specialist level and doctoral level psychologists. Doctoral level psychologists, however, possess greater breadth and depth in each area.

4. **Is a physician's prescription required for School Psychology services to be provided in schools?**
   No.

5. **What is the Vermont Department of Education's definition of "qualified professional" for School Psychology?**
   The Department requires competencies for psychologists who have completed an approved State or National Association of School Psychologists (NASP) Master's Degree Program, or an approved American Psychologi-

cal Association (APA) approved doctoral degree in school psychology or the equivalent. School psychologists must complete 1200 hours of supervised internship, 600 of which must be in a school setting, and have a knowledge and understanding of: psychological foundations (biological basis of behavior, cultural diversity, child and adolescent development, human exceptionalities, human learning, and social basis of behavior); educational foundations (education of exceptional learners, instructional and remedial techniques, organization and operation of schools, and school law); assessment (cognitive ability, academic achievement, behavior, social/emotional functioning, and learning environment); statistics and research design; and professional school psychology (professional history, legal and ethical issues, professional standards, and roles and functions). They must also possess knowledge, understanding and demonstrated ability to: provide psychological and psychoeducational evaluation and assessment; provide intervention to facilitate the functioning of individuals or groups of children and youth; consult with school personnel and parents concerning specific school-related problems of children and youth; provide consultation regarding professional problems of staff; and provide consultation in matters of school organization. School psychologists must demonstrate skill in program development and be able to provide program development services to individual schools, school administrative systems and community agencies. They must have the knowledge and ability to advocate for students' social and vocational success through the application of clinical, developmental and instructional principles.

6. **What are desired qualifications, beyond basic certification/licensure for School Psychologists who are working in schools?**
   School psychologists are expected to continually advance their knowledge and skills by their study of exemplary practices and research in school psychology and related fields (e.g., autism spectrum disorders).

7. **How are referrals made for School Psychology?**
   In Vermont, the prevalent practice is for School Psychologists to provide contracted services to a school district. A number of districts employ School Psychologists full-time to work solely within their schools. Typically, the services of a School Psychologist are requested as part of an evaluation to determine special education eligibility. However, staff may request the assistance of a School Psychologist in order to respond to a specific problem or issue affecting the student's performance. In addition, parents may request that a School Psychologist be consulted regarding concerns they have about their child. When a district has a School Psychologist on staff, services tend to be more readily accessible and timely than when a Psychologist contracts with a district for a specific number of days per month.

8. **What are the roles, functions, and activities of School Psychologists that support education?**

School Psychologists are trained to provide a wide array of services in order to support children in educational settings. These services involve the psychologist with everyone in the educational system, including: students, teachers, administrators, support staff, families, surrogate care givers, and the staff of various local and state agencies. The intent of the services is to promote mental health and to facilitate the learning of students. Because the services complement one another, they should be viewed as integrated and coordinated rather than as discrete. For descriptive purposes, however, they are described here separately. The following are services that are typically provided by School Psychologists:

Determining Eligibility: IDEA stipulates specific roles which a psychologist must play in determining whether a student is eligible for services. For example, it states that "The Evaluation and Planning Team shall obtain the opinion of a licensed psychologist or psychiatrist as to the existence of an emotional/behavioral disorder..." In other cases, the School Psychologist is not required to be involved but, because the nature of many disabilities is complex, participation by a School Psychologist is considered a best practice. For example, because the diagnostic criteria associated with Attention Deficit Hyperactivity Disorder (ADHD) are characteristic of other disorders or may have multiple etiologies, it is recommended that a School Psychologist conduct a comprehensive evaluation. This will rule out other possible causes of the child's difficulty and ensure a greater likelihood of an accurate diagnosis.

Program Planning and Training: This refers to meeting with teachers, parents, administrators, and others to brainstorm, discuss, plan, and make decisions regarding a problem or condition and potential interventions. Included are the development of behavior change plans, educational interventions, in-service training, and program planning and evaluation. Program planning and training also includes designing and judging the effectiveness of educational approaches at all levels. School Psychologists provide program planning and evaluation services to assist in decision-making relative to individual student educational programs. In addition, they can support schools in restructuring activities and in examining organizational factors associated with school communities.

Psychological and Psychoeducational Assessment: This refers to the process of obtaining data about student functioning in accord with current best practices in the fields of psychology and education. The reason for doing so is to identify critical factors and evaluate their importance in answering referral questions. The assessments include evaluation, as appropriate, of emotional status, social skills and adjustment, cognitive functioning, personality, adaptive behavior, communication skills, sensory and perceptual-motor functioning, scholastic aptitude, academic

achievement, educational setting, and family/cultural/environmental influences. Because the School Psychologist has a broad base of knowledge, s/he is able to contribute to the evaluation of many aspects of a student's functioning. In some cases, however, another professional may be better suited to provide a comprehensive evaluation of certain functions. For example, an occupational therapist might be better suited to evaluate perceptual motor functioning and a speech/language pathologist may be better suited to evaluate communication skills.

Counseling: These one-to-one or group services are designed to enhance the mental health, behavior, social competency, affective development, and academic or educational status of a student. They include individual and group counseling for students, classroom-based interventions, specific skill-building groups, parent support groups, educational groups, and parent counseling.

Supervision: School Psychologists engage in peer supervision and supervision of psychologists-in-training for the purpose of quality assurance, assistance with difficult situations, improvement of personal and professional performance, and for continuing professional development.

Research: Research involves careful, systematic investigation to discover or establish facts about student characteristics and behaviors; analysis and synthesis of data; and preparation and presentation of conclusions. In addition, School Psychologists strive to stay abreast of current research in their field in order to provide the most appropriate services to children. They analyze, disseminate, and translate research into practical applications within the school community.

Behavior Change Plans: The reauthorization of IDEA places a number of requirements on schools as they apply discipline procedures to students with disabilities. Qualified personnel must review the relationship between the student's disability and any behavior that warrants disciplinary action. The law requires a school to conduct a functional behavioral assessment and implement a behavioral intervention plan. If a plan already exists, the school is to review and revise it as necessary before a student can be subjected to certain disciplinary actions. Both of these are activities which School Psychologists are well suited to perform. Their participation is recommended as a best practice.

9. **What is the relationship or overlap of School Psychologists with other disciplines?**
School Psychologists are most likely to have overlapping roles with special education teachers, school counselors, and social workers. Given the nature of School Psychologists' roles and functions, they are likely to have collaborative interactions with all types of service providers and teachers.

10. **Other information about School Psychology for consumers:**
As has been noted, School Psychologists have broad-based training and expertise in helping children, schools, and families. When surveyed, however, they report spending the vast majority of their time on assessment activities. While this is an important aspect of their roles in schools, it severely limits their potential to have a positive impact on a broader range of issues. School Psychologists should be consulted more frequently during early stages of concern and should have a greater role in prevention activities to avoid difficulties.

11. **Sources of information about School Psychology in Vermont and Nationally?**
National Association of School Psychologists (NASP)
4340 East West Highway, Suite 401
Bethesda, MD 20814-9457
Phone: (301) 657-0270 TDD: (301) 657-4155
The NASP Web Page: http://www.naspweb.org

The Vermont Association of School Psychologists (VASP)
P.O. Box 9375, South Burlington, VT 05407

12. **Is there a directory of School Psychologists in Vermont?**
No.

J. Social Work

Peggy A. Weaver

1. **What is a Social Worker?**
The National Association of Social Workers' "Working Statement on Purpose" (1981) defines the mission or purpose of social work as "promoting or restoring a mutually beneficial interaction between individuals and society in order to improve the quality of life for everyone."

Social workers are trained professionals with a degree from an accredited social work program. Social work foundations include:
- Social work services are most effective when based on people's strengths rather than on their problems;
- Individual and social problems are inextricably connected to cultural, political, economic and historical factors; and
- Social work practice and research should be guided by principles of human rights and social justice (University of Vermont Department of Social Work, 1997).

2. **Are there licensure or certification requirements for Social Workers?**
The State of Vermont has one level of licensure for social workers, the Licensed Clinical Social Worker (LICSW). A Master's in social work (MSW) is the terminal degree for practice. The Vermont Secretary of State's Office of Professional Regulation regulates social work licensure. License qualifications include: a degree requirement (a master's or a doctoral degree in social work from an accredited social work program); supervised practice (at least two years post degree); and successfully completing a state examination.
In other states, social work licensure requirements may vary. On a national level the National Association of Social Workers (NASW) has developed several standards and certifications, including the Academy of Certified Social Workers (ACSW) certification and a NASW School Social Work Specialist credential.

3. **Are there any levels within Social Work?**
Levels within the discipline are based on the level of social work education such as, Bachelor's of Social Work (BSW), Master's of Social Work (MSW), Doctor of Social Work (DSW), or Doctor of Philosophy in Social Work (Ph.D.) and levels of licensure and certification.

4. **Is a physician's prescription required for Social Work services to be provided in schools?**
In order for school districts to receive state Medicaid reimbursement for social work services (under the category of mental health counseling), a physician's prescription is required. The student's physician or the school's consulting physician may prescribe social work services as a "related service" if the student's educational team has determined that it is educationally necessary. If the social work services are provided under the special education case management category, a physician's prescription is not required. A student with special health needs may also receive social work services from a social worker hired by a school district. If the costs will not be reimbursed by the state through Medicaid or other insurance, a physician's prescription is not necessary.

5. **What is the Vermont Department of Education's definition of a "qualified person" for Social Work?**
Vermont has one level of licensure for social workers, the Licensed Clinical Social Worker (LICSW). A Master's in social work (MSW) is the terminal degree for practice. The Vermont Secretary of State's Office of Professional Regulation regulates social work licensure. License qualifications include: a degree requirement (a master's or a doctoral degree in social work from an accredited social work program), supervised practice (at least 2 years post degree) and a state examination.

6. **What are the desired qualifications, beyond basic certification/ licensure for Social Workers who are working with students with disabilities in schools?**
   Desired qualifications include: experience working with children with disabilities and their families; skills in providing family-centered services to students and their families; skills in interprofessional and interagency collaboration; individual, family and group counseling skills; advocacy skills; knowledge of local community resources; knowledge of school systems; educational policies; and special education processes and practices.

7. **How are referrals made for Social Work?**
   Referrals for social work services are made through a variety of mechanisms. If a school district employs social workers, most schools have developed their own referral mechanisms, usually based on the student's and family's need for support, intervention, advocacy, and coordination of services. Often, referrals for social work services are generated by IFSP (Individual Family Service Plan for children under 3) and IEP (Individual Education Program) meetings; school administrators, teachers, guidance counselors; and families. Referrals can also be made to state and community agencies for social work services.

8. **What are the roles, functions, and activities of Social Workers to support education?**
   Morrison, Tiefenthal, and Mooreman (1996) describe social work service in schools according to IDEA (Individuals with Disabilities Education Act) to include:
   1. preparing a social or emotional developmental history within the family context for a student identified as possibly disabled;
   2. providing group, individual, and family counseling;
   3. working with those problems in a student's living situation (home, school, and community); and
   4. mobilizing school and community resources to enable the child to receive maximum benefit from his or her education program.

   Social workers should always provide services that reflect family-centered, community-based and coordinated approaches and develop and model family/professional partnerships (Bishop, Woll & Arango, 1993) in all aspects of service provision. These approaches require social workers to collaborate with the child and family to assure participation of families in all aspects of the services development (including IEP and IFSP). Social workers should also advocate for services that are accessible, flexible, culturally sensitive and responsive to the diversity of family desires and style (Rounds, Weil & Bishop, 1994). Social workers meet with children and families in school, visit them in their homes (perhaps for the family's convenience or to assess the child's interactions in the home), or meet

with them in the community.

Bishop (1996) describes social workers collaborating with other service providers (within and outside the school), agencies and community resources to develop, implement, and evaluate coordinated, comprehensive services for students and their families. Social workers with a knowledge of community organizing and group work skills are able to work with many providers within an interprofessional framework. Social workers should advocate for family-centered rather than agency-centered or provider-centered services. They are trained to work for systemic change and should work with school, local and state policy makers concerning the implementation of special education laws and services for children and families.

9. **What is the relationship or overlap of Social Workers with other disciplines?**
   Within a school setting, a social worker's services may overlap with the guidance counselor, special education case manager, school psychologist, public health nurse and others. Because social workers can offer a wide range of services, it is important for professionals from different disciplines to communicate with each other and the family to avoid duplication and facilitate appropriate information sharing and service coordination.

10. **Other information about Social Work for consumers:**
    A social worker is trained to use family-centered approaches with children and families. He or she believes in families' rights to self-determination and social justice and is trained to advocate for these rights. Professional social workers follow a code of ethics which includes commitment to clients, the obligation to practice with cultural competence, and to maintain confidentiality.

11. **Sources about Social Work available in Vermont and nationally:**

    Vermont Chapter - National Association of Social Workers
    P.O. Box 1348 Montpelier, VT 05601 Phone: (802) 223-1713

    National Association of Social Workers
    750 First Street, NE , Suite 700
    Washington, DC 20002-4271 Phone: (800) 638-8799

    Council of Social Work Education
    1600 Duke Street
    Alexandria, VA 22314-3421 Phone: (703) 683-8080

    School Social Work Association of America
    P.O. Box 2072
    Northlake, IL 60164 Phone: (847) 289-4527

University of Vermont - Department of Social Work
228 Waterman Building
Burlington, VT 05405-0160 Phone: (802) 656-8800

Trinity College of Vermont - Social Work Program
Burlington, VT 05401 Phone: (802) 658-0337

Castleton State College
Department of Sociology, Social Work and Criminal Justice
Castleton, VT 05735 Phone: (802) 468-5611

12. Is there a directory of Social Workers in Vermont?
No. There are two ways to learn names of social workers. You may contact the Vermont Secretary of State's Office of Professional Regulation to get a list of Vermont-licensed clinical social workers; or contact the Vermont Chapter of NASW for a member list. Those efforts may not identify all the qualified practicing social workers in Vermont.

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K. Speech Language Pathology

Patricia Prelock

1. **What is Speech-Language Pathology?**
   Speech-language pathology is a profession concerned with evaluation, treatment, prevention and research in human communication and its disorders. Speech-language pathologists (SLPs) provide services for individuals with speech and language disorders of all ages, from infants to the elderly. They diagnose and evaluate speech problems, including stuttering, articulation, and voice disorders, or language problems, such as aphasia and delayed language, and related disorders, such as dysphagia (e.g., swallowing difficulties). They design, implement, and evaluate comprehensive treatment plans to:
   - help individuals correctly produce speech sounds;
   - assist with developing control of the vocal and respiratory systems or correct voice production;
   - assist children and adolescents with language problems, such as following directions, answering and asking questions, conveying information to others, understanding and using words and grammar, and understanding and using language in a variety of social contexts;
   - assist individuals to increase their fluent speech and cope with stuttering;
   - assist individuals, who have had strokes or other brain trauma, to relearn language and speech skills;
   - help individuals to use augmentative and assistive systems of communication;
   - counsel individuals with speech and language disorders and their families; and
   - advise individuals and the community on how to prevent speech and language disorders. (adapted from ASHA, 9/97)

2. **Are there licensure or certification requirements for Speech-Language Pathology?**
   Speech-language pathologists who work in Vermont schools are licensed through the Department of Education.

3. **Are there professional levels within Speech-Language Pathology?**
   There is only one level of practice in Speech and Language Pathology. Speech-language pathologists are required by the American Speech-Language-Hearing Association (ASHA) to obtain the ASHA Certificate of Clinical Competence (CCC). The CCC involves the completion of a Master's degree, a supervised Clinical Fellowship Year (CFY), and a passing score on the national examination in speech-language pathology. In some areas, such as teaching in higher education, private practice and research, a doctorate is desirable.

4. **Is a physician's prescription required for Speech-Language Pathology services to be provided in schools?**
   No.

5. **What is the Vermont Department of Education's definition of "qualified personnel" for Speech- Language Pathology?**
   The Department of Education has fifteen requirements and competencies for speech and language pathologists working in educational settings (Vermont Department of Education, 1985). They include:
   - supervised clinical experience (300 hours);
   - understanding of human growth and development;
   - knowledge of physical, neurological, genetic and cultural aspects of speech and language development;
   - knowledge of types of communication disorders and relationships among them as they are present in children with multiple disabilities;
   - knowledge of screening and assessment techniques and ability to design remedial programs;
   - knowledge of ways to structure learning environments and to develop and adapt curriculum to teach (or teach others to teach) students with speech and language disorders;
   - knowledge of special techniques to measure speech and language development;
   - knowledge of current laws and regulations, research and services relevant to the education of students with speech and language disorders;
   - the ability to work closely with teachers to develop materials and strategies appropriate for the educational needs of students;
   - the ability to work with teachers to develop educational plans and evaluate progress;
   - the ability to demonstrate effective classroom management techniques;
   - the ability to assist in the integration of students with speech and language disorders in regular classroom settings;
   - the ability to work with parents to meet the educational needs of their children;
   - the ability to integrate current laws, regulations and research findings into curriculum for students; and
   - the ability to work closely with teachers and aides involved in the education of students with speech and language disorders.

6. **What are desired qualifications, beyond basic certification/ licensure for speech-language pathologists who are working in schools?**
   In addition to a Master's degree in speech-language pathology, licensing through the State Department of Education, and ASHA certification, school SLPs should have a knowledge of curriculum, literacy, and policy issues that affect children with communication disorders across disability categories.

School SLPs should also be skilled in collaboration and consultation as part of a cross-disciplinary team. They should be familiar with a variety of service delivery models that can be used to support the students they serve from preschool through adolescence.

7. **How are referrals made for Speech-Language Pathology?**
A referral can be made by a parent, an individual with a communication disorder, another professional, agency or program. Referrals for SLP as a related service in schools are made through the Evaluation Planning Team (EPT) or the Individualized Educational Plan (IEP) Team. Referrals for Part C Early Intervention Services are made through the Individual Family Service Plan (IFSP) Team, usually by the service coordinator.

8. **What are the roles, functions and activities of Speech-Language Pathologists that support education?**
The ASHA Ad Hoc Committee on the Roles and Responsibilities of the School-Based SLP (1997) has identified some core roles and responsibilities for the school clinician. They are summarized below:

ROLES	RESPONSIBILITIES
Identification	Screening for speech, language and hearing.
Referral	As a member of the IEP team, the SLP should collect data through case history, informal assessment, standardized assessment and alternative assessment.
Evaluation	As part of the diagnostic process, SLPs are expected to identify a child's strengths and weaknesses; determine if the child is exhibiting a disorder, difference or delay; describe the level of severity and educational relevance of the communication disorder; and provide recommendations.
Eligibility Determination	As part of the IEP team, school SLPs must under stand and follow federal mandates, state regulations, and local policies; and consider educational relevance.
IEP/IFSP Development	SLPs collaborate with team members to help develop educational and family service plans which meet the needs of students with communication disorders and their families.

ROLES	RESPONSIBILITIES
Documentation and Accountability	SLPs will monitor treatment outcome measures, third party documentation, and federal, state and local compliance.
Case Management	As part of the educational team, the school SLP is responsible for determining frequency and duration of services, and scheduling and providing service delivery options which will meet students' needs.
Intervention/Habilitation	As part of an educational team, the SLP is responsible for providing services for students with language, articulation, fluency, voice and oropharyngeal disorders.
Re-evaluation	As part of the IEP team, the SLP participates in ongoing, annual, triennial, transition, and exit evaluations.
Prevention	SLPs are involved in inservice training, collaboration, co-teaching and classroom instruction.
Partnerships	School SLPs are encouraged to develop partnerships with audiologists, health care providers, parents and parent groups, professional organizations, universities, etc.
Leadership	SLPs act as mentors, conduct research and/or supervise clinicians in training.
Advocacy	SLPs advocate for students, families and programs serving the needs of students with communication disorders.

9. **What is the relationship or overlap of Speech-Language Pathology with other disciplines?**
Many of the roles and work areas identified for the school SLP are shared by other providers, including evaluation, IEP/IFSP development, intervention, partnership development, leadership and advocacy. Although speech-language pathologists overlap with a wide variety of disciplines, they most frequently overlap with special education teachers, teachers of the deaf and hard of hearing, and general education teachers.

10. Other information about speech and language pathology for consumers:

Today, school SLPs work with students who have complex communication disorders requiring long-term, intensive intervention. Models of service delivery are expanding to meet the diverse needs of students with communication disorders. Therefore, in addition to serving students outside the classroom, SLPs are providing intervention in the classroom and collaborating with teachers and other service providers. Intervention is becoming more curriculum-based. SLPs are modeling strategies which support the academic success of all students.

11. Sources of information about Speech-Language Pathology available in Vermont and nationally:

VSHA (Vermont Speech-Language-Hearing Association)
Phone: (802) 649-1676
E-mail: awags@sover.net

The University of Vermont
Department of Communication Science
Phone: (802) 656-3861

American Speech-Language-Hearing Association (ASHA)
Web site: http://www.asha.org
Phone: (301) 897-5700
TTY: (301) 897-0157

12. Is there a directory of Speech-Language Pathologists who work in Vermont schools?

Currently, there is not a complete list, although efforts are being made to develop a resource directory of this type.

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L. Vision Support Services

Stphanie Bissonette & Jules Cote

1. **What are Vision Support Services?**
   A Teacher of the Visually Impaired (TVI) provides vision-related educational support services to children and youth with visual impairments. According to Vermont regulations, "A visual impairment, as evaluated by an optometrist or opthamologist, shall be demonstrated by central visual acuity that is 20/70 or worse in the better eye with correction, or a peripheral field that subtends an angle not greater than 20 degrees at its widest diameter." Supportive services may also be provided to parents who have children with visual impairments and to school personnel. In any appropriate setting, the TVI delivers specialized instruction (see #8 below) and services to meet the unique educational needs of children with visual impairments.

2. **Are there licensure or certification requirements for Teachers of the Visually Impaired?**
   The Vermont Department of Education does not have a specific licensure or certification requirement for Teachers of the Visually Impaired (TVI). Nationally, a Bachelor's or graduate degree in the field of "Teacher of the Blind," and certification from the *Association for the Education and Rehabilitation of the Blind and Visually Impaired* (AER) is required to be considered a TVI.

3. **Are there professional levels within the discipline of Teachers of the Visually Impaired?**
   No, although competencies required to be a TVI can be attained at the Bachelor's or Master's level.

4. **Is a physician's prescription required for Teacher of Visually Impaired services to be provided in schools?**
   No, a prescription is not necessary for school services, but a student must be identified as having a visual impairment.

5. **What is the Vermont Department of Education's definition of a "qualified person" for Teacher of the Visually Impaired?**
   The Department of Education has no specific requirements for the Teacher of the Visually Impaired who works in educational settings.

6. **What are the desired qualifications, beyond basic certification/licensure for Teachers of the Visually Impaired who are working in schools?**
   Knowledge of educational systems, and procedures, special education regulations, and collaborative team skills.

7. **How are referrals made for the services of a Teacher of the Visually Impaired?**
   School personnel, parents or a child's doctor may refer a student with a vision impairment for services from a teacher of the visually impaired. It is the decision of the IEP team to determine if the services of a Teacher of The Visually Impaired are educationally necessary for the student to benefit from education.

8. **What are the roles, functions, and activities of Teachers of the Visually Impaired that support education?**
   The responsibilities of the Teacher for the Visually Impaired are to provide specialized services to the child, ages birth through high school graduation; to consult with school personnel and parents; and to conduct vision assessments. Services may include Braille instruction; keyboarding, daily living, social, organizational, and prevocational skills; instruction in the use of adaptive equipment; creation of classroom accommodations; inservice training about visual impairments; and directly work with infants/toddlers across all areas of their development. Teachers of the Visually Impaired are part of the educational team, because they are knowledgeable about the student's visual impairment and unique educational needs at home and school.

9. **What is relationship or overlap of Teachers of the Visually Impaired with other disciplines?**
   Teachers of the Visually Impaired collaborate in planning and delivering services with other team members. For children ages birth to 3, Teachers of the Visually Impaired may overlap with many other disciplines related to basic child development skills. Beyond age three, the disciplines most likely to overlap with the Teacher of the Visually Impaired include: (a) Certified Orientation and Mobility Specialists, (b) Deaf-blind Specialists, (c) Special Education Teachers, and (d) Occupational Therapists. Depending on the unique characteristics of the student, a Teacher of the Visually Impaired may work collaboratively with professionals from virtually any discipline.

10. **Other information about Teachers of the Visually Impaired for consumers:**
    It is recommended that a student who is learning Braille should receive some instruction from a person with an undergraduate or graduate degree who is certified as a Teacher for the Visually Impaired.

11 Sources of information about Teachers of the Visually Impaired in Vermont and nationally:

Vermont Association for the Blind and Visually Impaired
37 Elmwood Ave.
Burlington, VT 05401
(802) 863-1358 (in the Burlington, VT area) (800) 639-5861

American Foundation for the Blind
11 Penn Plaza, Suite 300
New York, NY 10001
(212) 502-7600
1-800-AFB-LINE

Association for the Education and Rehabilitation
of the Blind & Visually Impaired (AER)
206 North Washington Street, Suite 320
Alexandria, VA 22314
(703) 823-9690

12. Is there a directory of Teachers of the Visually Impaired in Vermont?
No.

6 Voluntary Registry of Related Service Providers

http://www.uvm.edu/~uapvt/rsrp/registry.html

The Voluntary Registry of Related Services Providers in Vermont is intended to facilitate the sharing of timely information about Vermont related services resources. Registry information will be available to consumers and providers of services via an electronic database. We hope to include service providers who, although they may not be able to work outside their current job, may want to know about state initiatives regarding related services and training opportunities.

A survey was used to develop the Voluntary Registry. A survey was originally developed for Occupational and Physical Therapists in 1993 by the *Task Force on OT and PT in Vermont Schools*. In 1997, the survey was updated by *Vermont's Promoting Partnerships Project for Pediatric Occupational Therapists, Physical Therapists, Audiologists and Speech-Language Pathologists* and was mailed to OTs, PTs and SLPs in January 1998. The survey will be revised as needed for dissemination in January of each school year and attempts will be made to reach a wider group of related service providers through professional newsletters, the registry web site, the Vermont Department of Education website, the I-Team newsletter, and other mailings to Vermont service providers. Feel free to copy this or subsequent versions of the survey for yourself and others. Send responses to the address indicated with your signature and professional title clearly written in order to be added to the registry at any time. If you have any questions about the registry, please contact Ruth Dennis, Ed.D., OTR at 802-656-0384.

Please note

Providers have requested to be listed in the Voluntary Registry. Inclusion in the registry does not connote endorsement or approval of their services by the Vermont Department of Education, the Center on Disability and Community Inclusion of the University Affiliated Program of Vermont at the University of Vermont, or the Related Services Work Group. It is the responsibility of schools, agencies, and families to select providers and to verify their capabilities to deliver services.

Voluntary Registry of Related Service Providers Working in Vermont's Early Intervention Services and Schools

I would like my name, address and other survey information included in the Voluntary Registry of Related Service Providers in Vermont. I understand that the information I provide will be available publicly to consumers, professionals, and anyone accessing the on-line database of the Center on Disability and Community Inclusion at the University of Vermont (http://www.uvm.edu/-uapvt/rsrp/registry.html) or the Vermont Department of Education.

Signature _____ Date completed _____

1. Name _____

Professional Title _____
(e.g.. OTR, PT, CCC-SLP, AT, Ph.D, RN)

Type of Related Service Provided:

_____ Assistive Technology
_____ Audiology
_____ Deaf and Hard of Hearing Support Services
_____ Occupational Therapy
_____ Rehabilitation Counseling
_____ School Psychology/Psychology
_____ Social Work
_____ Speech Language Pathology
_____ Other (specify): _____

2. Home address _____

_____

Home Phone _____ FAX _____

Work address _____

_____

Work phone _____ FAX _____

E-mail _____

3. Educational/Practice Credentials (if applicable):

a National License # _____ Issued by: _____

b. VT State certification/ license # _____

_____ Issued by Vermont Department of Education
_____ Issued by Vermont Secretary of State's Office

c. Years Experience in your profession _____

d. If you currently serve children, what percentage of your practice is with children or youth of the following ages:

_____ 0-3 _____ 3-5 _____ 5-18 _____ 18-21

e. Do you have a special area of interest or practice ? _____ Y _____ N

Please describe: _____

_____

_____

4. What school have you worked in the past 2 years?

Dates	School(s)	Supervisory Union(s)

Please copy, fill out form and return to:
Ruth Dennis, OTR
University of Vermont
Center on Disability and Community Inclusion
The University Affiliated Program of Vermont
5 Burlington Square, Ste 450
Burlington, VT 05401-4439
Phone: (802) 656-4031 Fax: (802) 656-1357

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We are very interested in receiving feedback concerning the usefulness of this manual. This feedback will be used to refine and revise future editions and to direct our technical assistance efforts. In particular, we would appreciate knowing how we might improve or strengthen the following aspects.

1. The content of any of the major sections of the manual (please be specific)

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